Hepatitis

HIV/AIDS

STDs

Annual Epidemiology and Surveillance Report

Data Through December 2021

Government of the District of Columbia
DC Health
HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

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MURIEL BOWSER, MAYOR

TB

Acknowledgments

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Executive Summary

The Annual HIV, Hepatitis, Sexually Transmitted Infections (STIs), and Tuberculosis (TB) Surveillance Report for the District of Columbia shows the District continues to experience complex epidemics. Annual surveillance data is critical to our understanding of disease trends and to our planning and programmatic efforts to control and prevent disease. However, the data in this year's report must be examined in the context of the COVID-19 pandemic. The pandemic continues to have an immense impact on the availability, accessibility and utilization of disease screening, prevention, and care services. While DC Health and numerous clinical and community providers pivoted their service delivery models to improve access and convenience for residents, such as offering home-based testing and virtual supports, the presented data for 2020 and 2021 should be interpreted cautiously given the ongoing interruption in preventive health services that was experienced, both here in DC and across the country.

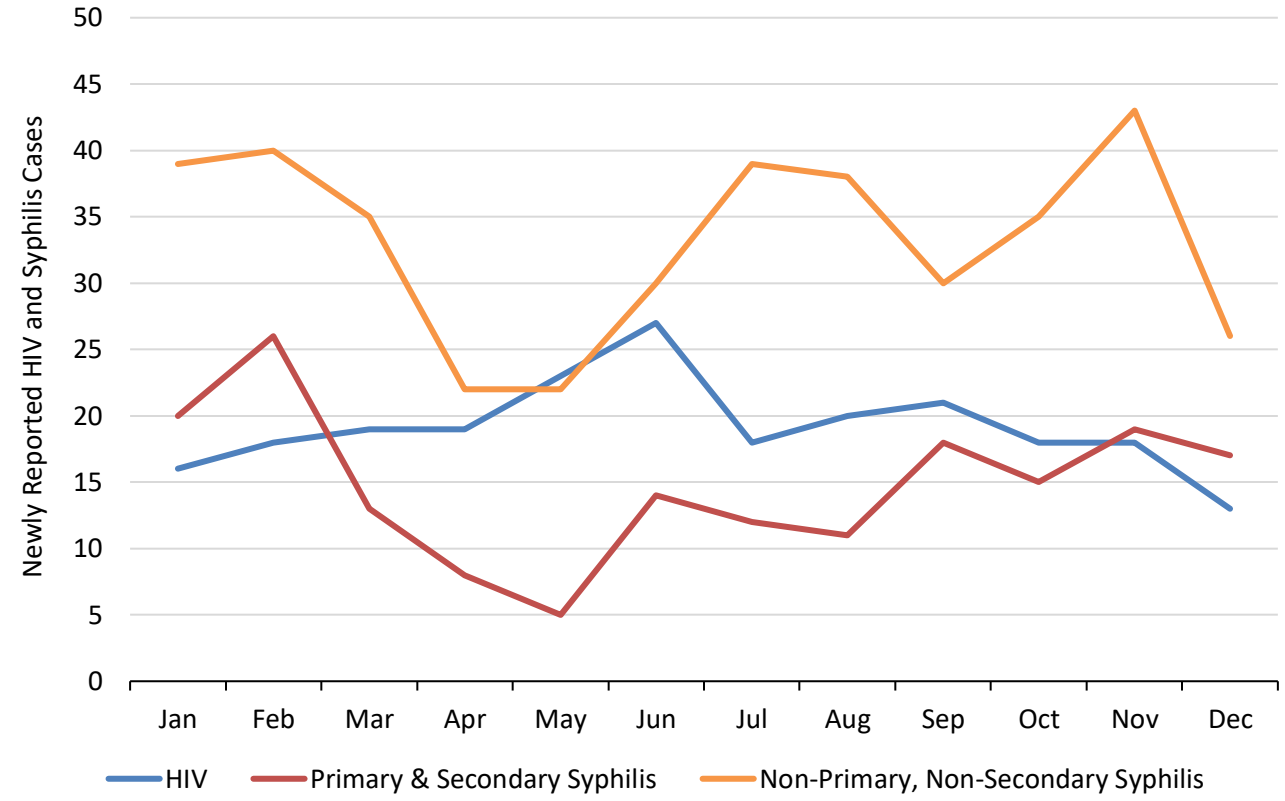
Impact of COVID-19 Pandemic on Disease Prevention, Screening and Care Services

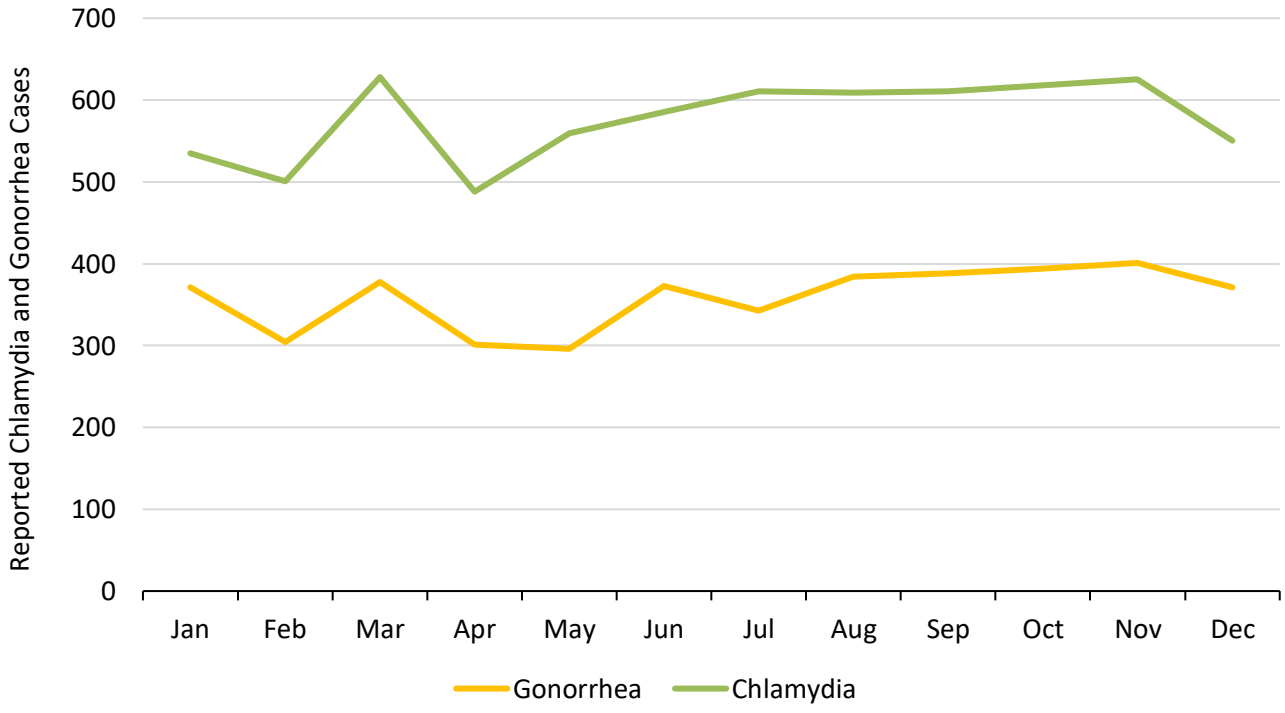
The declaration of a local public health emergency on March 11, 2020, in response to the COVID-19 pandemic necessitated the initiation of community mitigation measures, including a stay-at-home order, and the redirection of health care related resources and personnel, impacting the accessibility and utilization of core routine disease prevention, screening, and care services in the District. Over the course of the pandemic, restricted patient eligibility for services, reduced operating hours, and suspended activities by provider facilities and organizations contributed to significant disruptions within the health care system, the effects of which are still being felt today. Additionally, active HIV, hepatitis, and STI disease surveillance and case investigation efforts were limited during the initial stages of the COVID-19 pandemic while emergency response operations were stood up.

While directly assessing the impact of the COVID-19 pandemic on surveillance activities poses some challenges, corresponding laboratory reporting and case diagnosis patterns raise concerns regarding the underreporting and underdiagnosis of HIV, hepatitis, and STI cases during 2020-2021. DC Health saw a nearly 20% decline in the volume of HIV, chlamydia, gonorrhea, syphilis, HBV, and HCV laboratory reports received in 2020 compared to 2019 (Appendix A). A substantial decline in new diagnoses was observed from January through April of 2020 across conditions, consistent with declines in other outpatient health services such as pediatric vaccinations. Corresponding with evolving strategies for providing health care services during the pandemic, a subsequent increase in the number of new HIV and STI diagnoses was observed from May through July 2020 and remained relatively stable for the remainder of the year. Reporting was more consistent in 2021, with a slight dip in diagnosed primary and secondary syphilis cases in April and May. In 2021, lab reporting increased for primary and secondary syphilis (8%), chlamydia (13%), and gonorrhea (17%), but reporting for STIs was still below 2019 levels for chlamydia and syphilis. Hepatitis B and C saw a small decline of 4% and 8% respectively from 2020 to 2021. HIV lab volume decreased further from 2020 to 2021 with a 20% decline, and an overall decline from 2019 of 32% (Appendix Figure 1A). Given disruptions to screening services, the potential for underdiagnosis and underreporting is most substantial for those with asymptomatic infections.

All 2020 and 2021 data presented in the current report should be interpreted in the context of the potential impact of the COVID-19 pandemic on the utilization of disease prevention, screening, and care services.

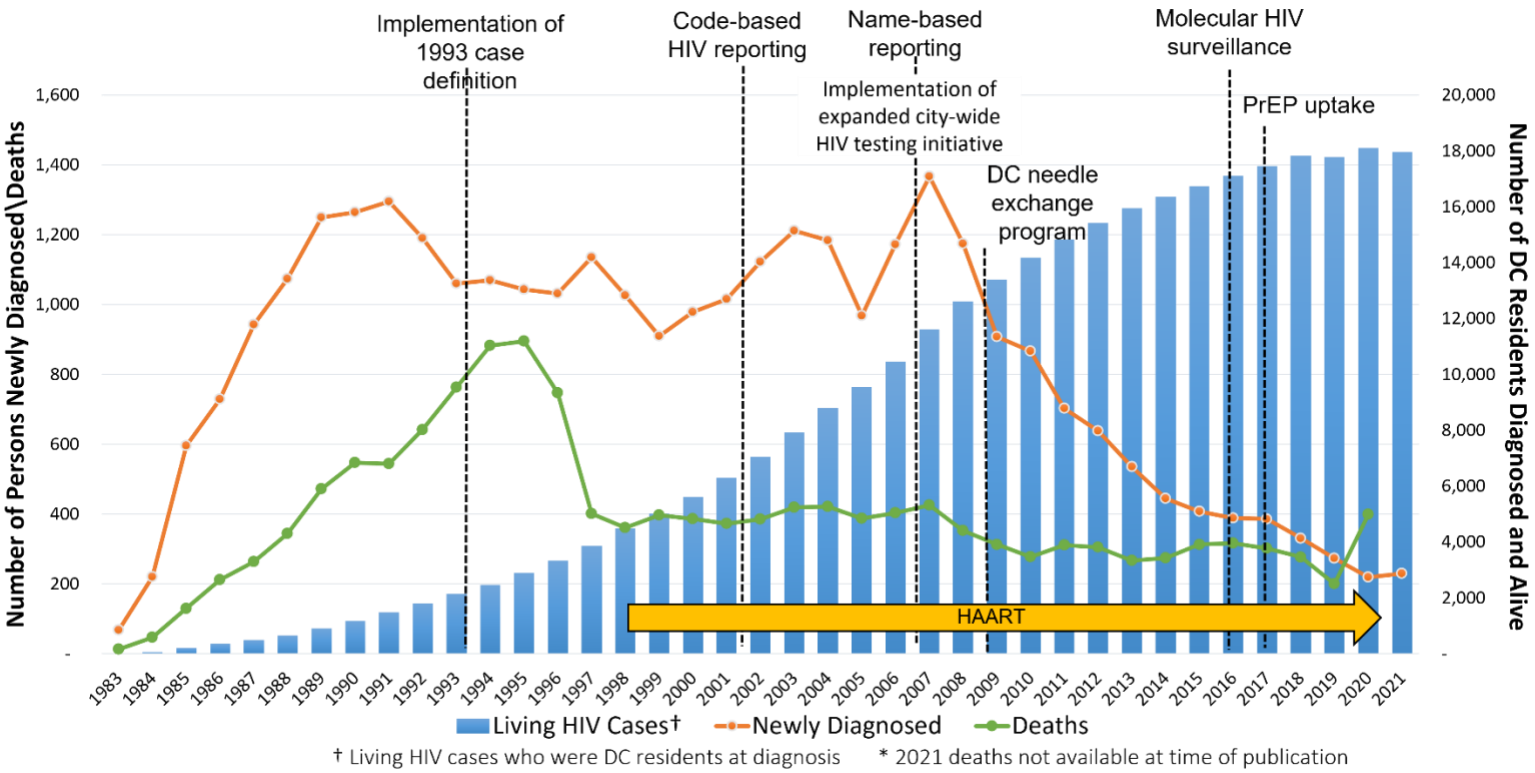
Figure 1. Newly reported HIV, Primary & Secondary Syphilis, Chlamydia, and Gonorrhea cases by month, District of Columbia, 2021





DC Health continues to closely monitor the impact of HIV, hepatitis, STIs and TB on our community and to work with District partners to ensure access to prevention and treatment services for all our residents.

Figure 2. Newly Diagnosed HIV Cases, Deaths, and Living HIV Cases, by Year, District of Columbia, 1983-2021



Key points in this surveillance update of the District in the year 2021 include:

- 11,904 current residents of the District of Columbia or 1.8% of the population are living with HIV.
- The number of newly diagnosed HIV cases in the District was 230 cases in 2021, a decline of 83% from the peak of 1,374 cases in 2007, and a slight decrease from 2019 with 273 cases.
- There were zero babies born with HIV in 2021.
- There were 5 newly diagnosed HIV cases attributable to MSM/injection drugs in 2021.
- Blacks and Latinos with HIV exceeded 1% of their respective populations of existing cases, with Blacks disproportionately impacted at 2.9%.
- More than half of people living with HIV in DC are 50 years old and older.
- Young people aged 20-29 represent 32% of newly diagnosed HIV infections from 2017-2021.
- Sexual contact is the leading mode of transmission reported among newly diagnosed HIV cases.
- There were 6,920 cases of chlamydia, 4,304 cases of gonorrhea, and 178 cases of primary and secondary syphilis reported in 2021.
- Almost a third (29%) of primary and secondary syphilis cases occurred among people with HIV, which declined from 42% in 2016.
- There were 408 people with newly reported hepatitis C in 2021.
- Approximately ¾ of TB cases between 2017-2021 occurred among people born outside of the US.

HIV Care Continuum

DC Health tracks the District's efforts to improve the care continuum for people living with HIV to sustain their health from diagnosis to linkage and retention in care. The care continuum measures people linked to care, engaged in care, and with viral load suppression. Surveillance data includes all people known to be living in the District. DC Health administers the Ryan White CARE Program that serves more than half of all people living with HIV in the District. People achieving viral suppression maintain strong immune systems, achieve healthier outcomes, and cannot transmit HIV sexually to other people, known as Undetectable equals Untransmittable or U=U. The District saw improvements in the HIV care continuum in DC through 2021:

- Among people newly diagnosed with HIV in 2021, 55% were linked to medical care within 7 days of diagnosis and 78% within 30 days.
- Viral suppression in 2021 among all people living with HIV in DC remained at 67% overall and 86% among people with an indication of engagement in care.
- Among young people living with HIV in DC, those ages 13-19 and 20-24 had low viral suppression rates in 2021 at 44.4% and 51.3%, respectively.
- Among people newly diagnosed with HIV in 2021, 52.2% were virally suppressed within 90 days and 65% within 6 months.
- Of the 2,935 Ryan White clients with one or more medical visits, 95% were prescribed treatment, and 82% were virally suppressed in 2021.

Scaling Up Success

The District Government and its community partners continue to scale up programs to reduce the impact of HIV, STIs, hepatitis, and TB on residents of Washington, DC. These successes are the most recent achievements by the District:

- GetCheckedDC (https://www.getcheckeddc.org/) supported 2,041 at-home tests for HIV and STIs and 1,749 walk-in tests at LabCorp for HIV, STIs, and hepatitis.
- Prescribed 1,667 people PrEP at the DC Health and Wellness Center from October 1, 2020-September 30, 2021.
- Distributed more than 2.1 million male and female condoms in 2021.
- Removed 868,572 needles from the street in 2021 through the DC needle exchange programs.
- Distributed 3,806 Naloxone kits and saved 1,206 people from opioid overdose deaths from October 1, 2021-December 31, 2021 through an activity now transferred to the Department of Behavioral Health.
- Provided HIV medical care and support services to 2,935 people through the Ryan White Program in 2021.

Ending the HIV Epidemic

The federal Ending the HIV Epidemic: A Plan for America (EHE) offers a new opportunity to accelerate key strategies and promote innovative approaches towards diagnosing, preventing, treating, and responding to HIV. On December 4, 2020, DC Mayor Muriel Bowser announced the release of the District's updated ending the HIV epidemic plan and new community platform DCEndsHIV.org. For this updated plan, Washington, DC follows the four pillars of the federal Ending the HIV Epidemic of Diagnose, Treat, Prevent, and Respond. The Plan values health equity and recognizes structural barriers, such as racism and stigma, to optimize health outcomes and individual success. It also centers on people's life experiences, including social determinants of health. To reflect these critical factors, the DC Ends HIV plan adds a fifth pillar: Engage. In addition, the plan has raised the floor to a minimum of 95%/95%/95% of people knowing their HIV status, people diagnosed being on treatment, and people on treatment reaching viral suppression. The new plan also has a primary goal of fewer than 21 new HIV diagnoses per year by 2030. To achieve this, DC has to increase uptake and use of Pre-Exposure Prophylaxis (PrEP), setting a goal of more than 50% of the eligible population on PrEP. The DC Ends HIV plan was developed and informed through substantial community engagement, and as a public-private partnership among DC Health, DC Appleseed Center, and the Washington AIDS Partnership.

Table 1. Mayor's Ending the HIV Epidemic Plan Goal Update, 2021

Ending the HIV Epidemic Measures	2016	2017	2018	2019	2020	2021	2030 Goal
Goal #1: 95% of HIV-positive District residents know their status*	92.6%	92.9%	92.1%	93.0%	93.5%	93.9%	95%
Goal #2: 95% of District Residents living with HIV are in treatment	76%	77%	77%	80%	76%	78%	95%
Goal #3: 95% of District residents living with HIV who are in treatment reach viral suppression	82%	84%	85%	87%	87%	86%	95%
Goal #4: 50% Reduction in new HIV diagnoses	388	386	331	273	219	230	21

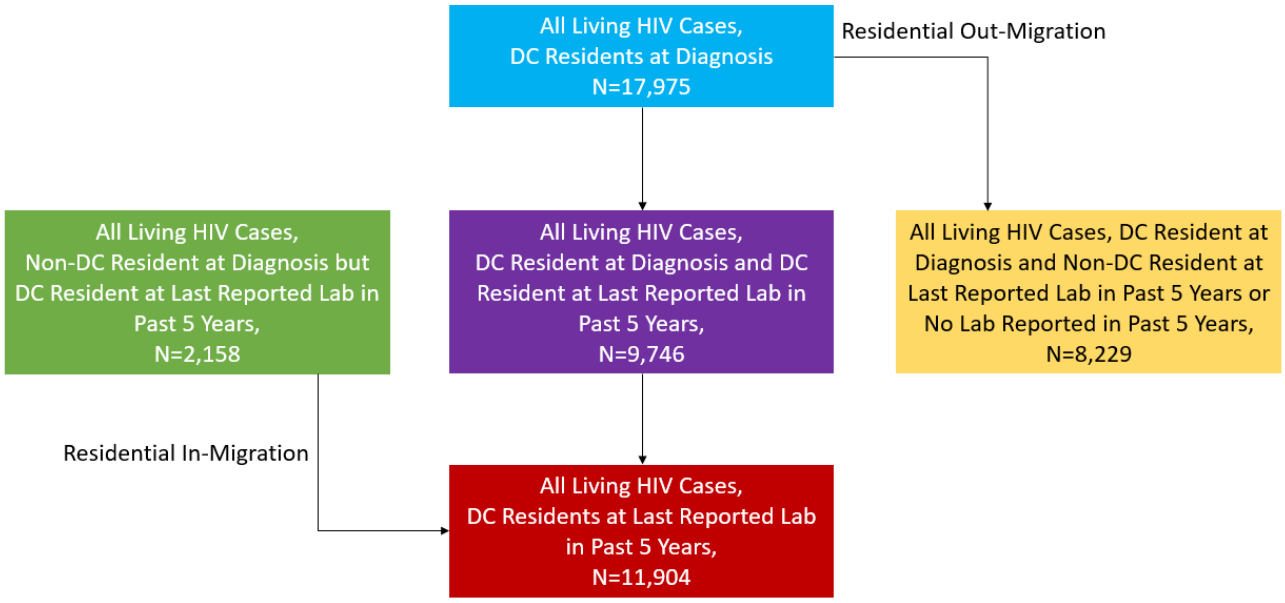
* The number of persons with undiagnosed HIV infection is estimated by subtracting cumulative diagnoses from cumulative infections using a standardized CD4-Based Model developed by CDC. Previous year estimates have been updated to follow this model's procedures.

People Living with HIV in DC

HIV (*Human immunodeficiency virus*) is an infection that can be transmitted sexually, from mother to child during pregnancy and birth, and by sharing needles. HIV weakens the immune system, so if left untreated, it can lead to AIDS (acquired immunodeficiency syndrome) over time. AIDS allows opportunistic infections (OIs) and cancers to take hold. OIs are illnesses that usually occur in people with weakened immune systems. There is no vaccine or cure for HIV; however, with proper medical care and effective treatment, the disease can be controlled. In DC, men who have sex with men, especially Black men, heterosexual Black women, transgendered people, and youth aged 20-29 years old are particularly at risk of contracting HIV.

As presented in Figure 2, the number of all diagnosed stands at 17,975. Figure 3 accounts for new HIV diagnoses among current District residents, reported deaths among those previously diagnosed, and the residential migration of people living with HIV in and out of the District over time. The report uses residence at last laboratory test reported, to more accurately assess the number of individuals diagnosed with HIV living within the District (Figure 3). This methodology not only provides a foundation for understanding the extent of HIV within the District, but also an improved baseline from which to evaluate the population coverage of HIV prevention and care activities.

Figure 3. People Living with HIV in the District of Columbia as of December 31, 2021



Estimation of the Number of People Living with HIV in DC

Of the 17,975 individuals diagnosed with HIV while a District resident, approximately 46% (n=8,229) were presumed to have moved outside of the jurisdiction (out-migration) prior to the end of 2021, as evidenced by a non-District residential address on their last reported laboratory report or the lack of any reported laboratory information for more than 5 years. Laboratory data was also used to assess the number of individuals diagnosed with HIV while a resident of other jurisdictions who have moved into the District over time (in-migration); we identified 2,158 individuals initially diagnosed with HIV outside of the jurisdiction with a current residential address in the District. As indicated in Figure 3, after adjusting the initial count of all living HIV cases for in- and out-migration, an estimated 11,904 individuals diagnosed with HIV were presumed to be living in the District at the end of 2021. Detailed characteristics of people living with HIV based on residential migration status since diagnosis are included in **appendix tables B1-B4**. In the future, HAHSTA expects to refine the estimates further, as a result of improved data-sharing processes with surrounding jurisdictions and additional information sources for ascertainment of residential addresses.

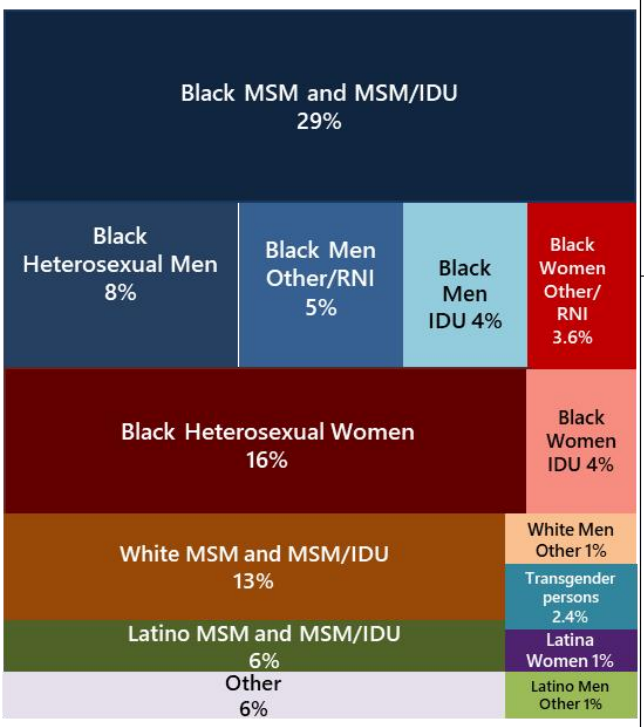
People Living with HIV

11,904 Number of DC's population known to be living with HIV

1.8% Percent of DC's population known to be living with HIV

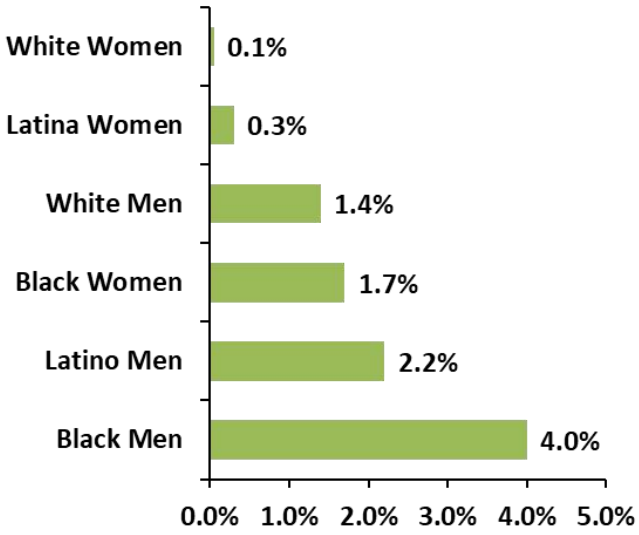
71.0% Proportion of people living with HIV that are Black

Proportion of HIV Cases Living in DC, by Race/Ethnicity, Gender Identity and Mode of Transmission, District of Columbia, 2021

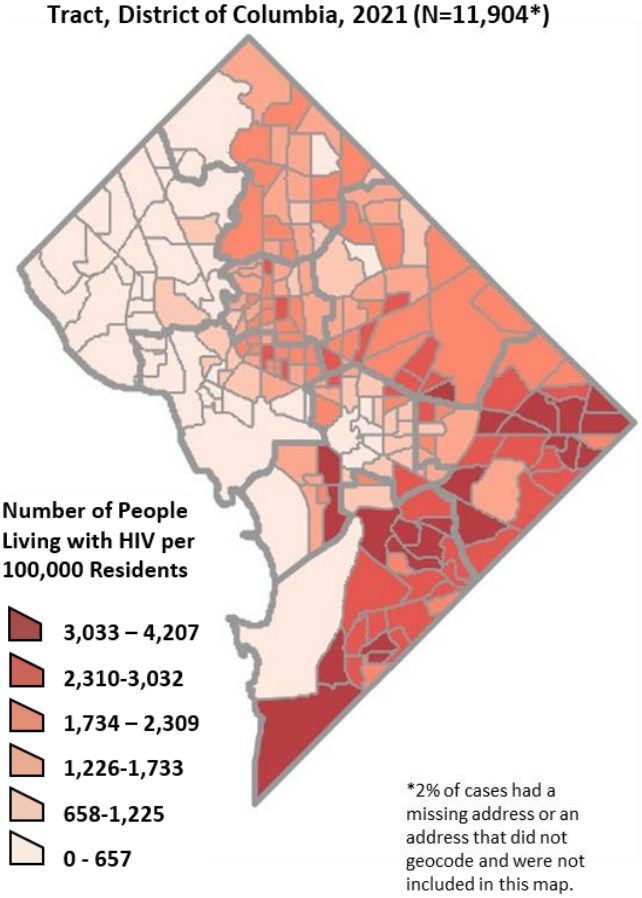


MSM: includes men who have sex with men; IDU: injection drug use; RNI: risk not identified; Other: perinatal transmission, hemophilia, blood transfusion, and occupational exposure Non-MSM: All modes of transmission excluding MSM and MSM/IDU. Latino Men Other: Heterosexual, IDU, RNI and other modes of transmission; Black Women Other: RNI and other modes of transmission; Black Men Other: RNI and other modes of transmission; Latina Women: All modes of transmission; White Women: All modes of transmission; Other: All persons of other race with all modes of transmission; Transgender persons: include both Transgender men and Transgender women

Proportion of Residents Living with HIV by Race/Ethnicity and Gender Identity, District of Columbia, 2021



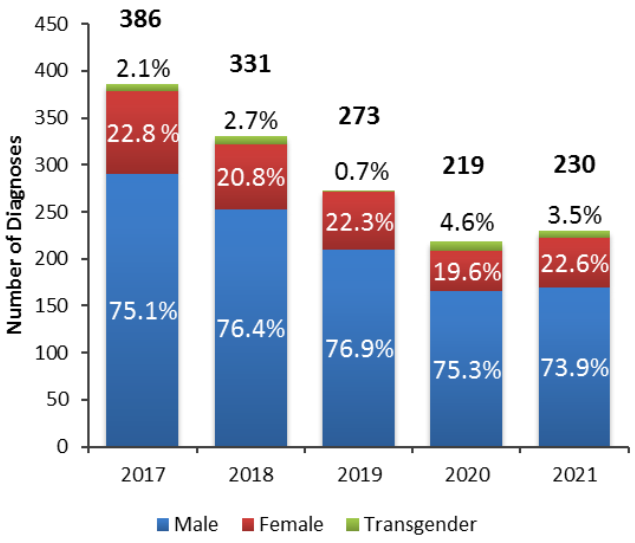
Rate of HIV Cases Living in the District by Census Tract, District of Columbia, 2021 (N=11,904*)



*2% of cases had a missing address or an address that did not geocode and were not included in this map.

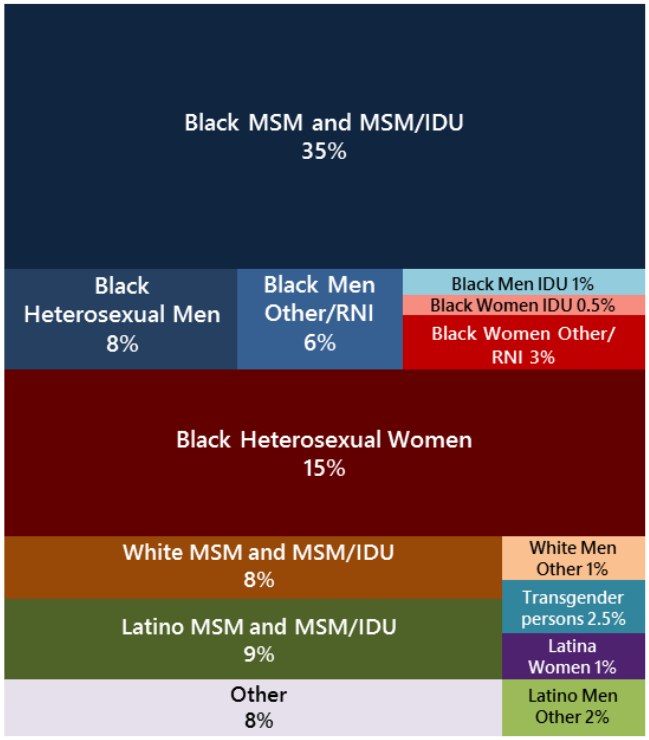
Newly Diagnosed HIV Cases

Newly Diagnosed HIV Cases by Year of Diagnosis and Gender Identity, District of Columbia, 2017-2021

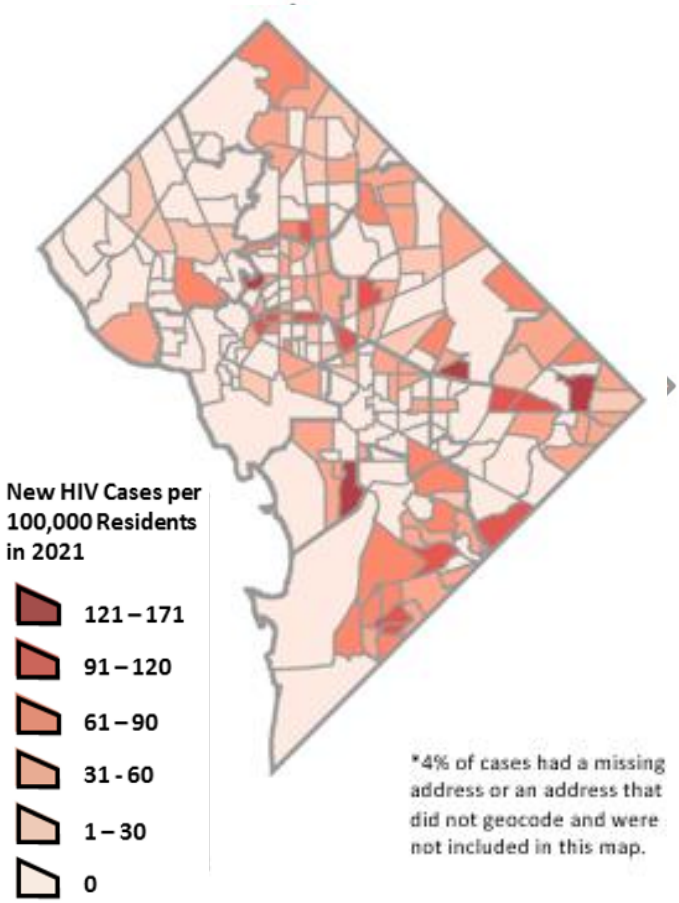


Newly Diagnosed HIV Cases in the District between 2017-2021

Proportion of Newly Diagnosed HIV Cases, by Race/Ethnicity, Gender Identity and Mode of Transmission, District of Columbia, 2017-2021, N=1,439



Rate of Newly Diagnosed HIV Cases in the District by Ward and Census Tract, District of Columbia, 2021 (N=230*)



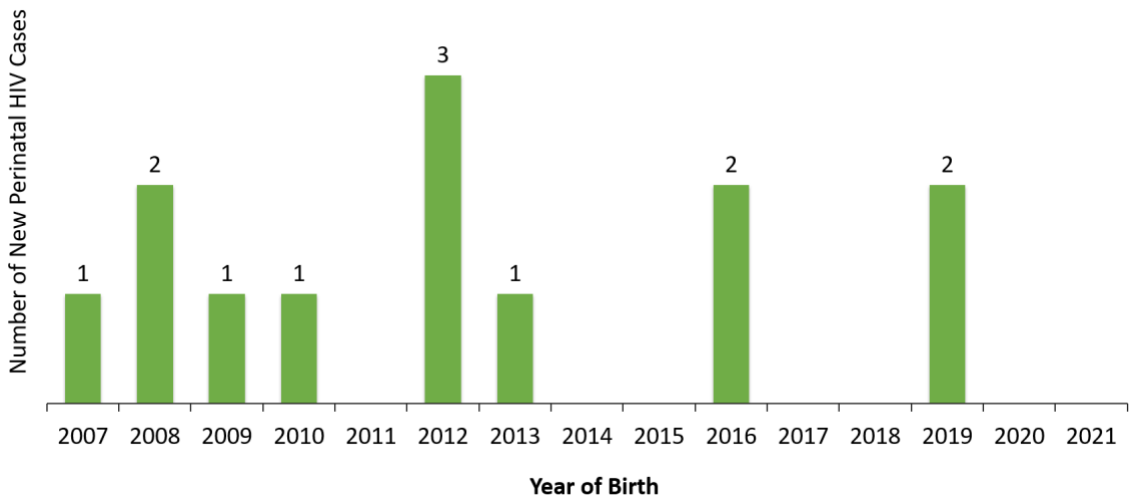
MSM: includes men who have sex with men; IDU: injection drug use; RNI: risk not identified; Other: perinatal transmission, hemophilia, blood transfusion, and occupational exposure Non-MSM: All modes of transmission excluding MSM and MSM/IDU. Latino Men Other: Heterosexual, IDU, RNI and other modes of transmission; Black Women Other: RNI and other modes of transmission; Black Men Other: RNI and other modes of transmission; Latina Women: All modes of transmission; White Women: All modes of transmission; Other: All persons of other race with all modes of transmission; Transgender persons: include both Transgender men and Transgender women

Please refer to appendix table **B5-B7** for additional data regarding newly diagnosed HIV cases.

Perinatal HIV

Perinatal HIV cases are defined as those in which transmission occurs during pregnancy, labor and delivery, or breastfeeding. Since the introduction of recommendations to provide antiretroviral medication to women during pregnancy, during labor and delivery, and to the infant in the neonatal period, there has been a 95% reduction in mother to child transmission of HIV nationally. Transmission rates among those who receive recommended treatment during pregnancy, at labor and delivery, and newborn period are as low as 1%.

Figure 4. Perinatal HIV Cases by Year of Birth, District of Columbia, 2007-2021



Incidence

The incidence estimate is not included. Per CDC guidance, based upon national decreases in HIV testing and CD4 monitoring in 2020 and 2021, a percent change in new HIV diagnoses greater than 17 percent renders the incidence estimate unreliable. The residual impact of the ongoing pandemic, an increase in presumptive positive tests, and the percent difference in new diagnoses between 2019 and 2021 makes the incidence estimate inaccurate.

Perinatal HIV Exposure Reporting

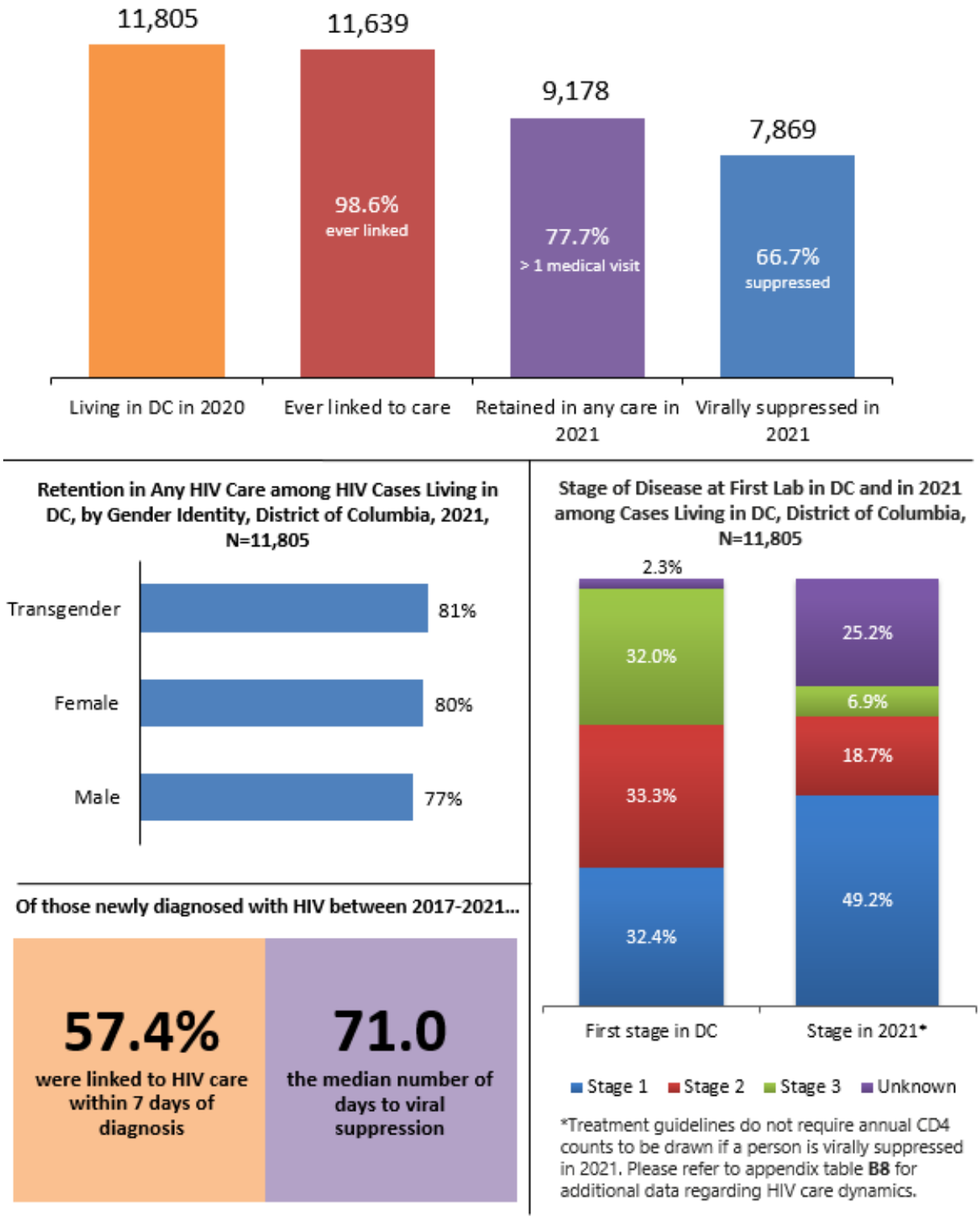
Year of pregnancy or delivery	2018	2019	2020	Total
Number of women with HIV living in DC	3,223	3,292	3,164	9,679
Number of women with HIV living in DC reported to be pregnant	58	46	51	155
Number of pregnancies among women with HIV living in DC	58	47	52	157
Number of women who had live births	48	38	44	130
Race/Ethnicity (n=125)				
Black	38 (79)	32 (84)	38 (86)	108 (83)
White	0 (0)	0 (0)	0 (0)	0 (0)
Latina	3 (6)	4 (10)	1 (2)	8 (6)
Other	4 (8)	2 (5)	3 (7)	9 (7)
Unknown	3 (6)	0 (0)	2 (5)	5 (4)
Maternal median age at delivery, years (IQR)	29	33.5	30.5	31
Plurality of live births (n=130)				
Number of women who had singleton births	47 (98)	36 (95)	43 (98)	126 (97)
Number of women who had twin births	1 (2)	2 (5)	1 (2)	4 (3)
On ART during pregnancy (n=110)	41 (85)	25 (66)	37 (84)	100 (77)
Received prenatal care	45 (94)	33 (87)	38 (86)	116 (89)
Median viral load at delivery, copies/ml (n=129)	20	35	20	20
Suppressed viral load at delivery (n=129)	38 (79)	29 (76)	33 (75)	100 (77)
Type of delivery (n=117)				
Vaginal	27 (56)	11 (29)	19(43)	57 (44)
Cesarean	18 (38)	20 (53)	25(57)	63 (48)
Unknown	3 (6)	7 (18)	0 (0)	10 (8)
HIV-Exposed Uninfected (HEU) infants (n=134)				
Total	49	40	45	134
Median birth weight, grams (n=122)	3,029	2,860	3,100	2,994
Median follow-up time for infant's HIV tests, days	131.5	122.5	132	131
Tested at 4 months or older	46 (94)	34 (85)	45 (100)	125 (93)
Sex at birth (n=120)				
Male	23 (47)	17 (42)	26 (58)	66 (49)
Female	23 (47)	15 (38)	18 (40)	56 (42)
Unknown	3 (6)	8 (20)	1 (2)	12 (9)
Timing of delivery (n=118)				
Term (≥38 weeks)	29 (59)	19 (48)	30 (67)	78 (58)
Late Preterm (36-37 weeks)	10 (20)	7 (17)	8 (18)	25 (19)
Preterm (≤35 weeks)	6 (12)	6 (15)	5 (11)	17 (13)
Unknown	4 (8)	8 (20)	2 (4)	14 (10)

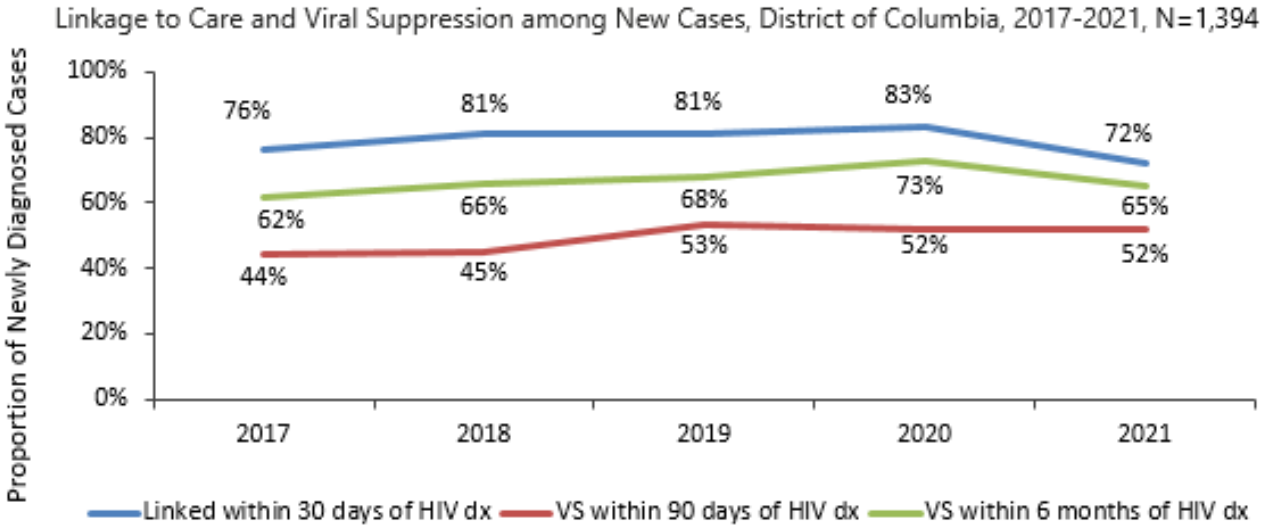
Perinatal HIV Exposure Surveillance is the collection, analysis, and reporting of data about infants born to women living with HIV. Such data allows for the identification of gaps in the prevention of mother-to-child transmission (i.e., inadequate prenatal care, detectable viral during pregnancy, adequate follow-up testing for infants, etc.) and can highlighted the number of HIV infections averted when Perinatal Transmission Prevention Guidelines (https://clinicalinfo.hiv.gov/en/guidelines/perinatal/whats-new-guidelines) are followed.

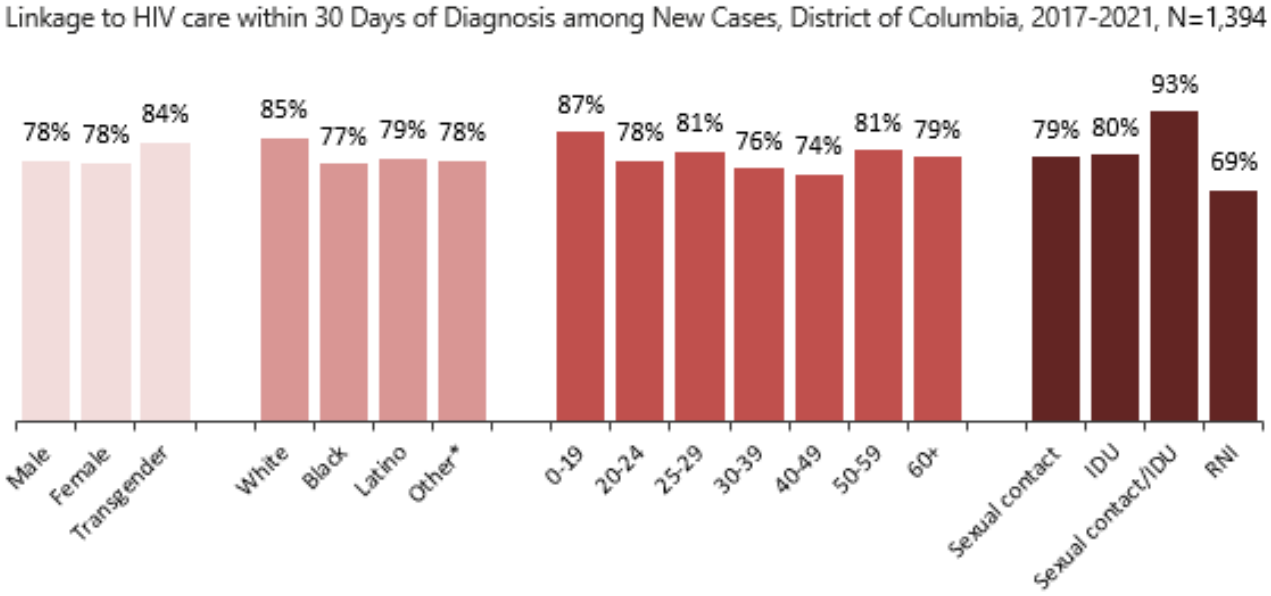
HIV Care Continuum

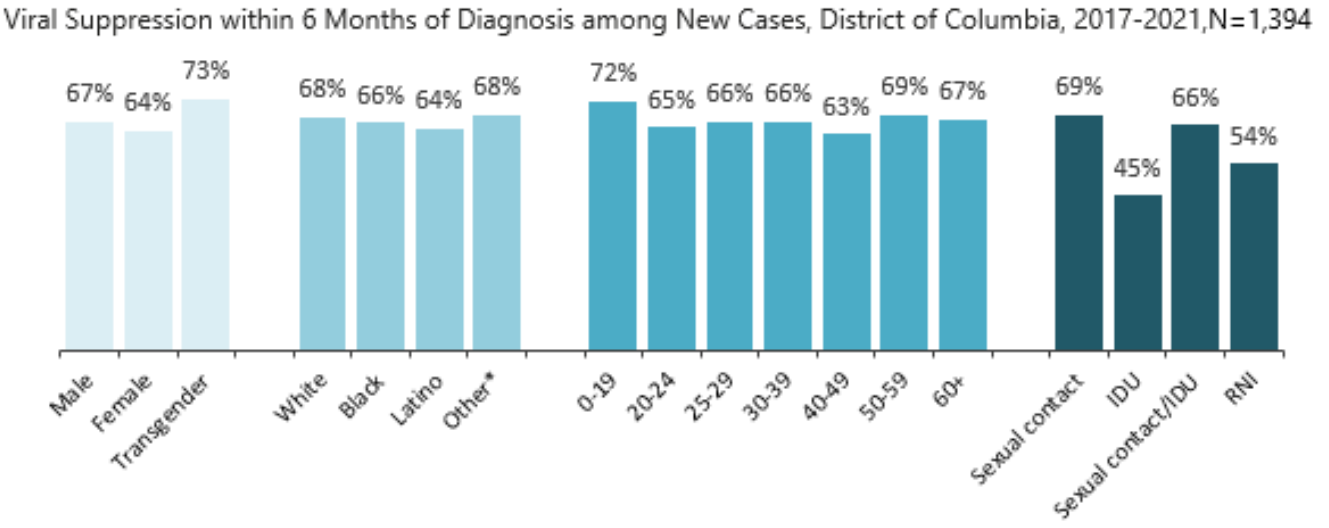
The HIV Care Continuum is the approach of diagnosing people with HIV, linking them into care and treatment, retaining them in care and medication adherence, and achieving viral load suppression, which is the marker of a person's and community's HIV health. Assessing HIV care dynamics is an essential step in understanding the strengths of HIV programs in the District, as well as an opportunity to identify and resolve gaps in the care continuum.

Figure 6. HIV Care Continuum among People Living with HIV in DC, 2021









*Other race/ethnicity icludes American Indian, Asian, Pacific Islander, Hawaii/Alaska Native, multi-racial and missing

†IDU= Injecting drug user/People who inject drugs ^RNI= Risk not identified

Please refer to appendix table **B8-11** for additional data regarding the HIV care continuum.

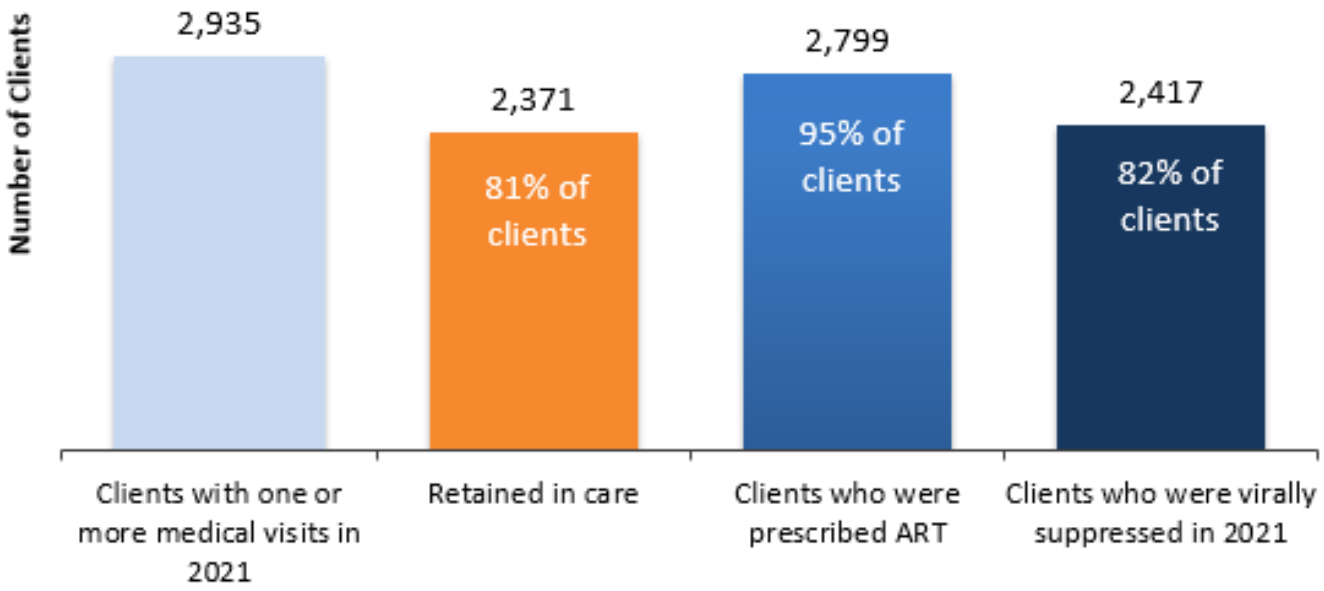
Ryan White Program HIV Care Continuum

HIV care metrics among Ryan White Program clients in the District were examined to evaluate clients on the care continuum. This continuum of care differs from what has been presented on the previous pages in several ways. First, the population used is a subset of the total number of HIV cases living in the District. These cases are not newly diagnosed in a given year, but these are HIV cases who received at least one Ryan White CARE Program-funded medical visit in 2021. Second, care status was measured through documented medical visits, rather than laboratory tests. Finally, information is included on the number of clients who were prescribed HIV treatment.

Table 2. Ryan White Program HIV Care Continuum Measure Definitions

Measure	Definition
Clients with one or more medical visit	Ryan White clients with at least one documented primary care visit in 2021
Retained in care in 2021	Having 2 or more medical visits in 2021 that were at least 90 days apart
Prescribed ART	Ryan White clients with documentation of having been prescribed antiretroviral therapy (ART) to treat HIV
Virally suppressed in 2021	Having a viral load result of <200 copies/mL at most recent viral load test in 2021

Figure 7. HIV Care Continuum among Ryan White Clients, District of Columbia, 2021



Please refer to appendix table **B12** for additional data regarding the HIV Care Continuum among RW clients.

Transmitted Drug Resistance

Table 3. Evidence of Antiretroviral Drug Resistance among Newly Diagnosed HIV Cases with Initial Genotype Sequences Collected within 90 days of Diagnosis, District of Columbia, 2017-2021

Antiretroviral Drug Classification	Antiretroviral Drug (ARV)	High-Level Resistance %	Intermediate Resistance %	Low-Level Resistance %	Susceptible %	N
Integrase Strand Transfer Inhibitors	Bictegravir	0.0	0.0	0.0	100.0	147
	Dolutegravir	0.0	0.0	0.0	100.0	147
	Elvitegravir	0.0	0.0	0.7	99.0	147
	Raltegravir	0.0	0.0	0.7	99.0	147
Non-Nucleotide Reverse Transcriptase Inhibitors	Doravirine	0.8	1.3	3.4	95.0	613
	Efavirenz	10.3	1.8	1.1	86.8	613
	Etravirine	1.0	1.5	1.6	95.9	613
	Nevirapine	11.3	1.8	0.8	86.1	613
	Rilpivirine	2.8	0.8	5.7	90.7	613
Nucleotide Reverse Transcriptase Inhibitors	Abacavir	0.5	0.5	2.4	96.6	613
	Didanosine	0.3	0.5	1.0	98.2	613
	Emtricitabine	2.8	0.0	0.0	97.2	613
	Stavudine	0.5	0.5	1.8	97.0	613
	Tenofovir	0.2	0.3	0.8	98.7	613
	Zidovudine	0.5	0.5	1.3	97.7	613
Protease Inhibitors	Atazanavir/r	0.0	0.0	1.0	99.0	625
	Darunavir/r	0.0	0.0	0.0	100.0	625
	Fosamprenavir/r	0.0	0.0	1.0	99.0	625
	Indinavir/r	0.0	0.8	0.2	99.0	625
	Lopinavir/r	0.0	0.2	0.6	99.2	625
	Nelfinavir	0.6	0.3	0.5	98.6	625
	Saquinavir/r	0.0	0.6	0.3	99.1	625
	Tipranavir/r	0.0	0.0	0.3	99.7	625

Antiretroviral drug resistance is an important guide to medical providers in determining the best treatment regimen for a person newly diagnosed with HIV. The genotype test gives the drug resistance profile of the particular type of virus the person has and if there are medications that will not be effective with the virus. HIV can become resistant to some medications, usually when a person does not consistently take their medication. While current treatment guidelines* specify that a genotypic resistance test should be conducted at the time of HIV diagnosis prior to starting antiretroviral therapy, only 28.7% of new HIV cases diagnosed in 2021 (66/230) had a reported genotype test sequence. Almost all (95.4%) of new diagnoses in 2021 with an available sequence had a reported genotype test sequence** within 3 months of diagnosis. Ensuring that newly diagnosed HIV cases receive genotypic resistance testing is not only important for clinical practice, but it is also essential for monitoring trends in drug resistance at the population level. The dominant subtype among cases in DC is subtype B, which accounts for 89.8% of available genotype sequences. The largest proportions of high-level resistance were found for Nevirapine (11.3%) and Efavirenz (10.3%). The smallest proportions of resistance were found in the protease inhibitors drug class with resistance ranging from 0%-1.0%.

* United States Department of Health and Human Services, Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV, Drug-Resistance Testing, updated October 25, 2018, accessed August 10, 2022 (https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/drug-resistance-testing)** Genotype sequences are reported via HL7 messages to the DC Department of Health.

HIV Mortality

Table 4. Primary Cause of Death among People Diagnosed with HIV by Year of Death, District of Columbia, 2016-2020

	2016		2017		2018		2019		2020	
Cause of Death	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
HIV-related causes	92	30.3	87	28.7	87	31.2	50	24.2	91	32.6
Non-AIDS Defining Malignancies	46	15.1	50	16.5	37	13.3	19	9.2	46	16.5
Cardiovascular	42	13.8	58	19.1	68	24.4	37	17.9	65	23.3
Substance Use	2	0.7	2	0.7	3	1.1	1	0.5	4	1.4
Accidental Death	38	12.5	38	12.5	28	10.0	23	11.1	45	16.1
Other**	55	18.1	46	15.2	44	15.8	22	10.6	91	32.6
Unknown	29	9.5	22	7.3	12	4.3	55	26.6	57	20.4
Total	304	100	303	100	279	100	207	100	399	143

** Other causes of death include suicide, pneumonia, chronic obstructive pulmonary disorder (COPD), diabetes, etc.

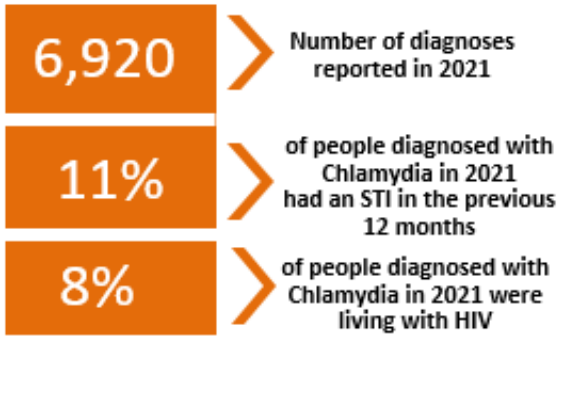
Among people living with HIV in the District who died in 2020, 33% were due to HIV-related causes, this is an increase compared to the previous year where 24% died from HIV-related causes. The overall number of deaths also increased to 399, which may be attributable to the COVID-19 pandemic.

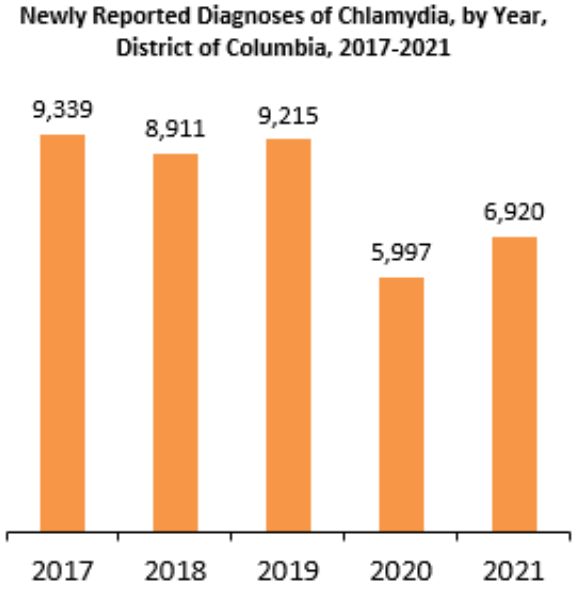
Please refer to appendix table **B13** for additional data regarding deaths among people diagnosed with HIV.

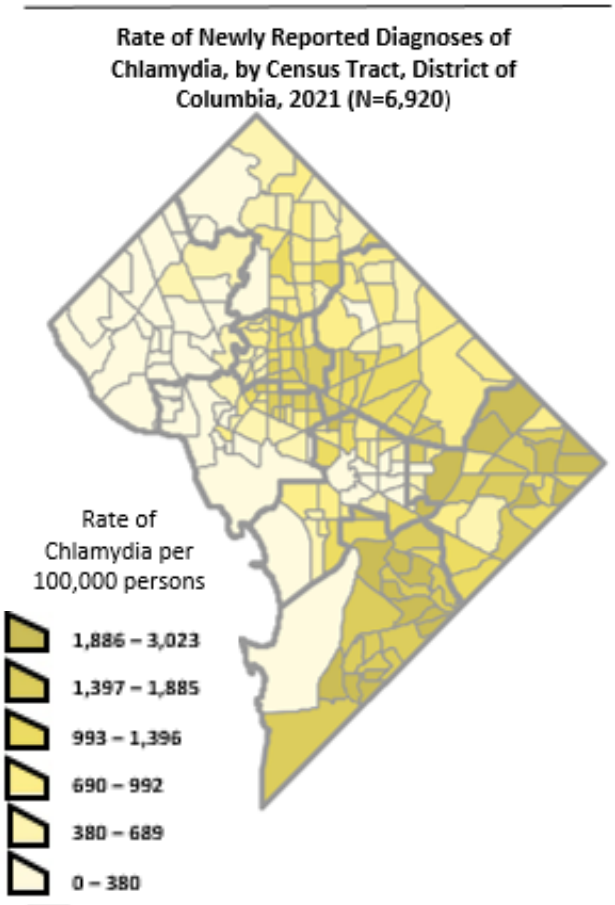
Sexually Transmitted Infections

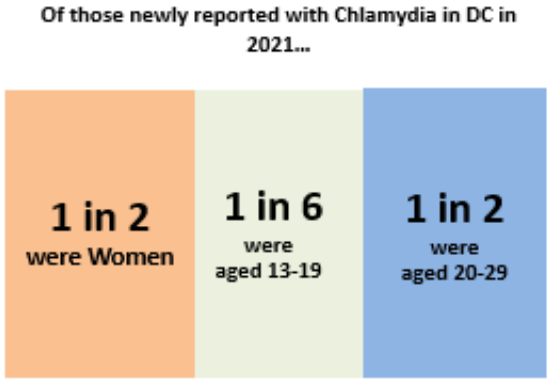
Chlamydia

Chlamydia is the most reported sexually transmitted infection. It is caused by the bacteria *Chlamydia trachomatis* and transmitted through vaginal discharge or semen, and from mother to child during birth. Most people with chlamydia do not experience symptoms; however, when they do, symptoms may appear weeks after infection. Symptoms include frequent urination, burning with urination, and genital discharge. Men may also experience pain or swelling in their testicles. If left untreated, it can cause infertility in women. Having chlamydia increases the risk of acquiring HIV. Chlamydia can be cured with antibiotics and prevented with the use of condoms.









Please refer to appendix table **B14** for additional data regarding newly diagnosed Chlamydia cases.

*2020 case data should be interpreted with caution due to the potential impact of the COVID-19 pandemic on health care availability and utilization

Gonorrhea

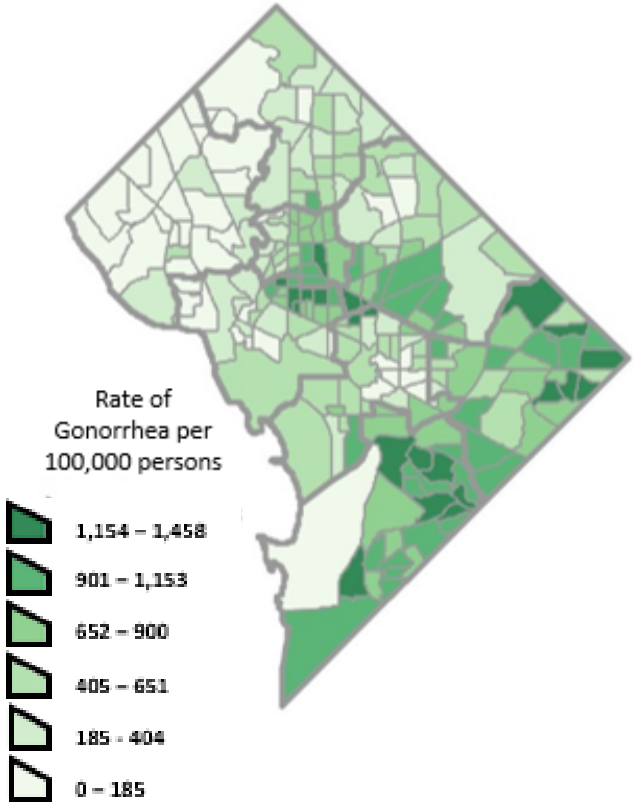
Gonorrhea is a very common infection caused by the bacteria *Neisseria gonorrhoeae* that affect the genitals, rectum, or throat. It is spread through sexual contact and from mother to child during birth. While many people with gonorrhea do not have symptoms, those who do may have pain, genital discharge, or burning with urination. Men may experience testicular pain or inflammation. Most women are asymptomatic, but when they have symptoms they may experience vaginal bleeds between periods and pelvic pain. If left untreated, it can spread to the joints and other areas of the body, or cause infertility. Gonorrhea increases the risk of acquiring HIV. Gonorrhea can be cured with antibiotics and prevented with the use of condoms. Young people between 15 and 24 years of age are especially at risk.

4,304 Number of diagnoses reported in 2021

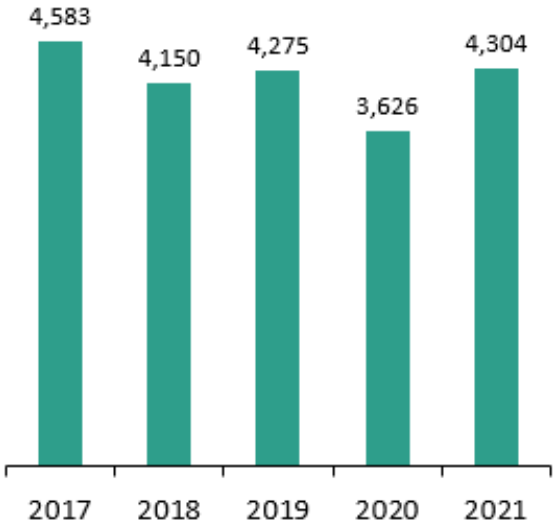
14% of people diagnosed with Gonorrhea in 2021 had an STI in the previous 12 months

14% of people diagnosed with Gonorrhea in 2021 were living with HIV

Rate of Reported Diagnoses of Gonorrhea, by Census Tract, District of Columbia, 2021, (N=4,304)



Newly Reported Diagnoses of Gonorrhea, by Year, District of Columbia, 2017-2021



Of those newly reported with Gonorrhea in DC in 2021...

7 in 10 were Men

1 in 2 were less than 30 years old

Please refer to appendix table **B15** for additional data regarding newly diagnosed gonorrhea cases.

*2020 case data should be interpreted with caution due to the potential impact of the COVID-19 pandemic on health care availability and utilization.

Syphilis

Syphilis is a sexually transmitted infection caused by the bacteria *Treponema pallidum*. Symptoms include a painless sore called "chancre" on the genitals, rectum, or mouth 3-90 days after infection (primary syphilis). A body rash usually in the palms of the hands or soles of the feet may appear 4-10 weeks after infection (secondary syphilis). Other symptoms experienced may include fever, swollen lymph glands, sore throat, and/or headache. After several years, syphilis may affect the brain, nerves, eyes, or heart (tertiary syphilis). Transmission can also occur from mother to child during pregnancy or at birth and result in low-birth weight, premature birth, or stillbirth. Syphilis can be cured with antibiotics.

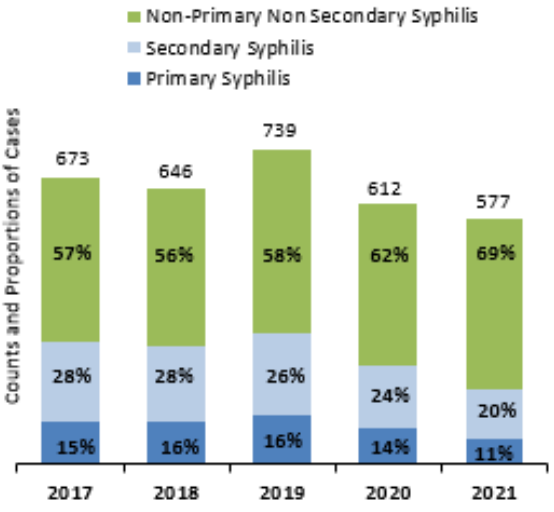
178 Number of Primary or Secondary diagnoses reported in 2021

399 Number of people with Non-Primary, Non-Secondary Syphilis diagnosis reported in 2021

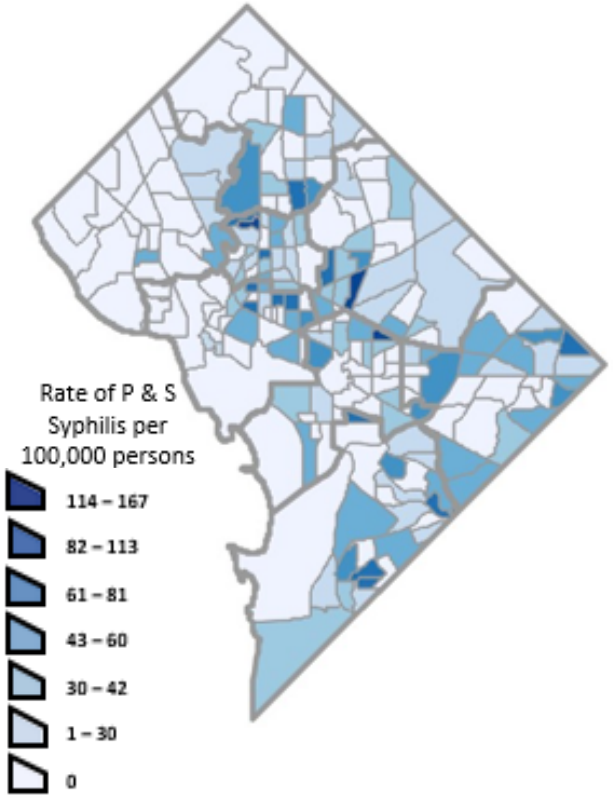
38% of people with Early Syphilis were living with HIV

To provide a more accurate picture of syphilis cases in DC, non-primary, non-secondary syphilis has been included for the first time. Non-primary, non-secondary syphilis is the later stage of early syphilis infections. Early syphilis indicates that the infection may have occurred within the past year. The increase in non-primary, non-secondary syphilis suggests there have been delays in seeking care.

Newly Reported Diagnoses of Primary, Secondary Syphilis and Non-Primary Non-Secondary Syphilis, by Year, District of Columbia, 2017-2021



Rate of Reported Primary and Secondary Syphilis Diagnosed, by Census Tract, District of Columbia, 2021 (N=178)



Of those newly reported with Primary or Secondary Syphilis in DC in 2021...

9 in 10 were Men

1 in 2 were Black

2 in 5 were aged 30-39

2 in 5 were Men who have sex with men

*2020 case data should be interpreted with caution due to the potential impact of the COVID-19 pandemic on health care availability and utilization

Please refer to appendix table **B16** for additional data regarding newly diagnosed syphilis cases

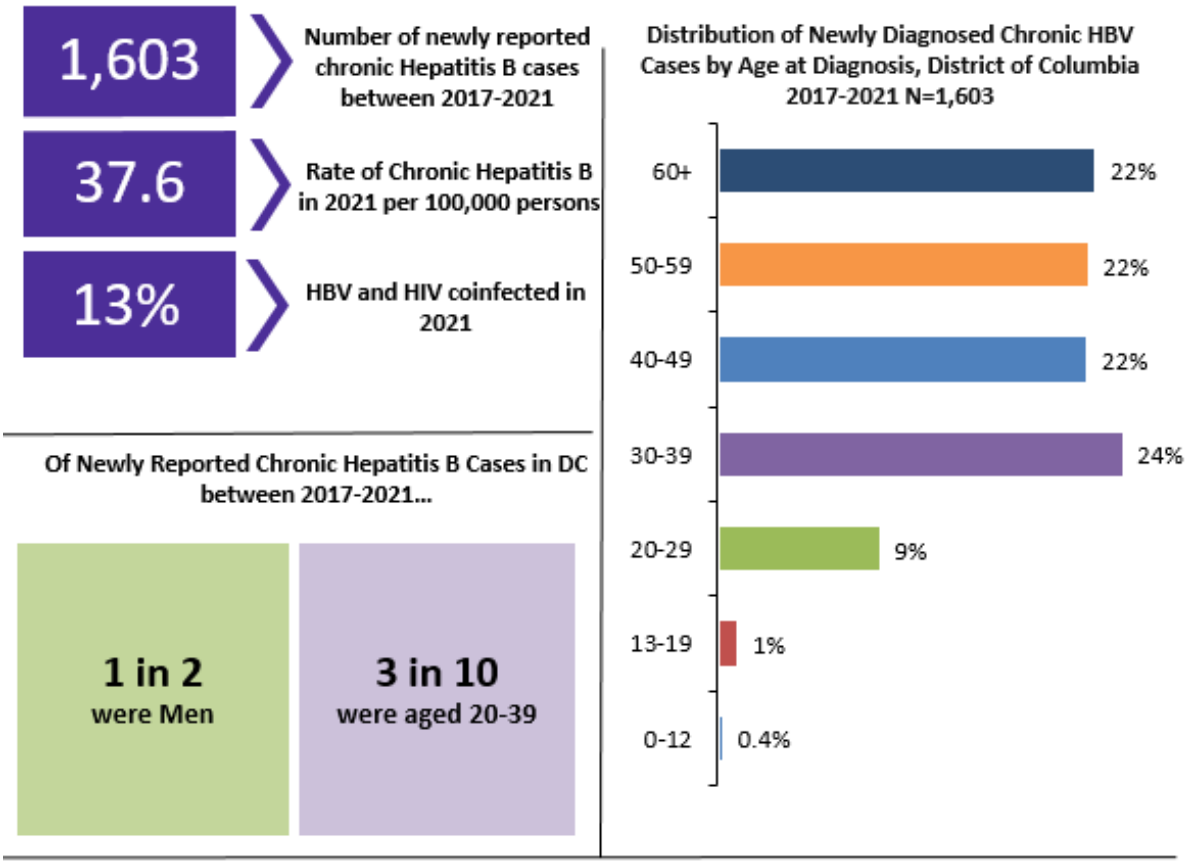
Congenital Syphilis

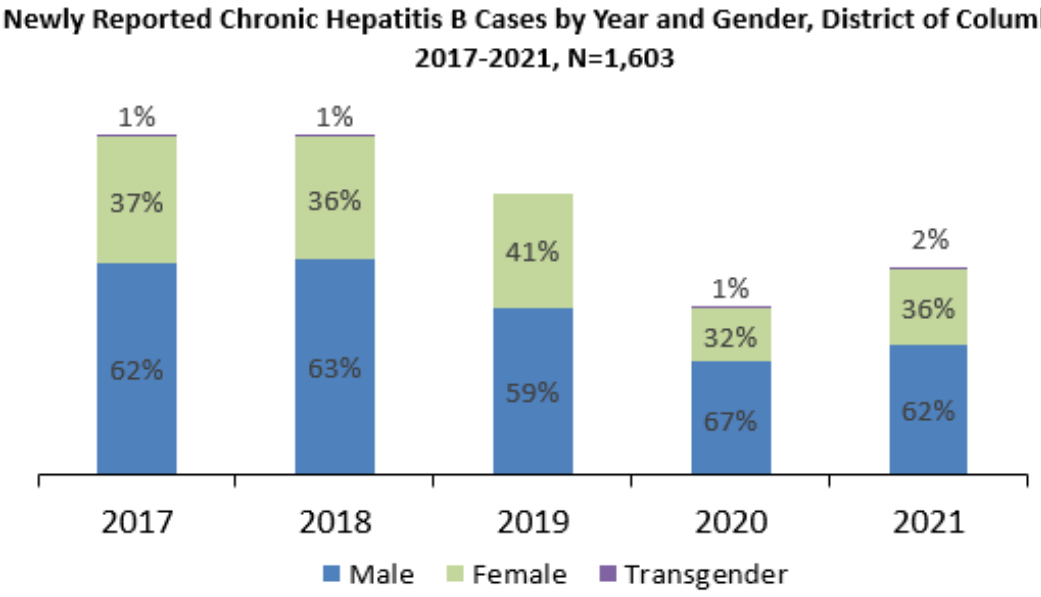
Nationwide, there has been a sharp increase in congenital syphilis cases. A pregnant woman with syphilis can transmit the infection to her child at any point during the pregnancy and can result in adverse pregnancy outcomes (e.g., preterm birth, stillbirth, etc.). A baby born with CS may not have any signs and symptoms but can develop health problems later (e.g., blindness, deafness, bone deformity, etc.). DC Municipal Regulations require syphilis testing at the first prenatal visit and in the third trimester. Pregnant women with syphilis should be treated with the recommended penicillin regimen for their stage of infection.

Mothers of Infants Born with Congenital Syphilis	6
Mothers who Received Prenatal Care	5 (83.3)
Mothers who Received Adequate Treatment	4 (66.7)
Infants Born with Congenital Syphilis in 2021	6
Infants who Received Treatment	5 (83.3)
Infant Disease Status	
Probable	5 (83.3)
Confirmed	1 (16.7)
Infant Vital Status	
Born alive	5 (83.3)
Stillborn	1 (16.7)
Sex at Birth	
Male	3 (50.0)
Female	3 (50.0)
Race/Ethnicity	
Black	6 (100.0)
Timing of Delivery	
Term (≥38 weeks)	3 (50.0)
Late Preterm (36-37 weeks)	1 (16.7)
Preterm (≤35 weeks)	2 (33.3)
Median Birth Weight, grams	3,213.5
Had Signs and Symptoms of Congenital Syphilis	0 (0)

Hepatitis B

Hepatitis B is caused by the Hepatitis B virus (HBV). MSM, hemodialysis patients, injection drug users, and babies born to HBV positive women are at higher risk for HBV. HBV infection can go undetected and approximately 2/3 of people infected are unaware of their infection. Most adults (95%) will resolve the infection on their own. However, 90% of infants and 25%-50% of children < 5 years will develop chronic HBV infection. CDC recommends HBV vaccination for everyone 0 to 59 years of age and individuals 60 and older who have risk factors. HBV is not curable, but there are effective treatments available.





Perinatal Hepatitis B

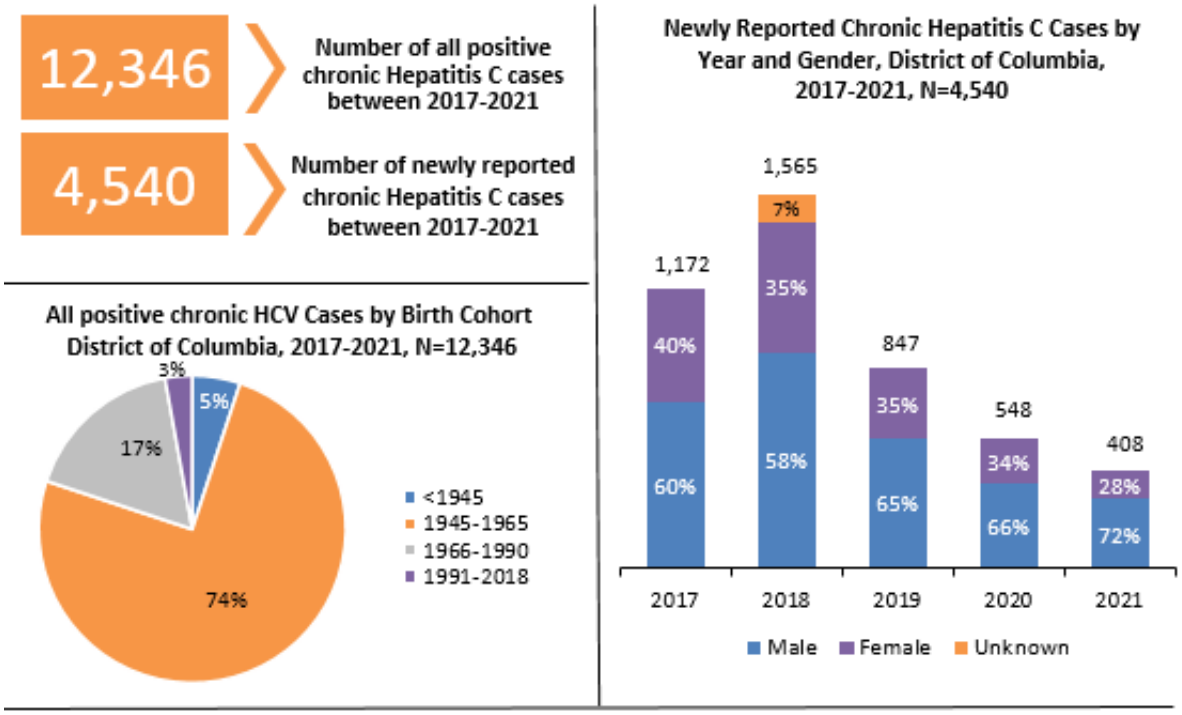
DC Health's Perinatal Hepatitis B Program aims to identify Hepatitis B surface antigen positive (HBsAg+) women, provide newborn prophylaxis with Hepatitis B vaccine and Hepatitis B Immune Globulin (HBIG), ensure timely completion of Hepatitis B vaccine series, and ensure post-vaccination serologic testing (PVST) within 24 months.

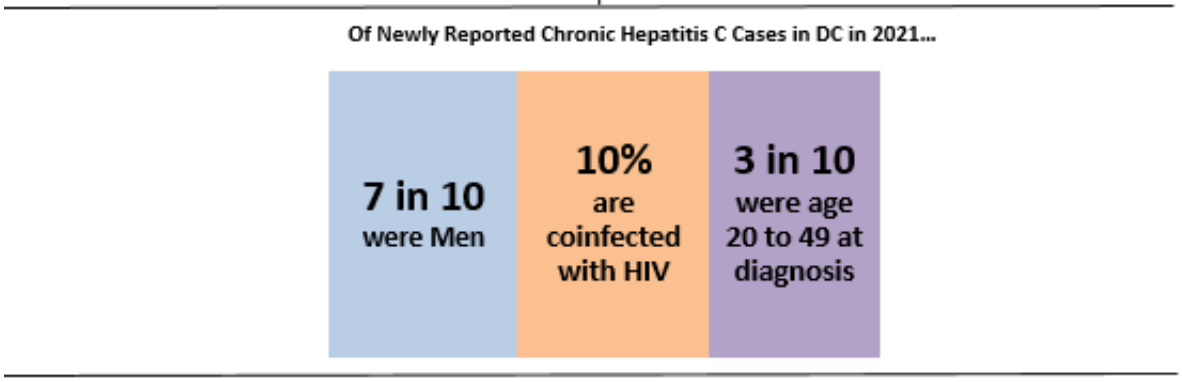
Birth Cohort	**2018**	**2019**	**2020**	**Total**
Number of women living in DC who are HBsAg positive	34	27	20	81
Maternal median age at delivery, years (IQR)	33	35	33	33
Race/Ethnicity				
Black	27 (79)	18 (67)	13 (65)	58 (72)
White	1 (3)	1 (4)	0	2 (2)
Latina	3 (9)	3 (11)	1 (5)	7 (9)
Asian	2 (6)	5 (18)	6 (30)	13 (16)
Other	1 (3)	0	0	1 (1)
Birth Country				
United States	9 (26)	3 (12)	5 (25)	17 (21)
Foreign-Born	25 (74)	24 (88)	15 (75)	64 (79)
Birth Weight				
Under 2000 grams	3	0	1	4
2000 grams and over	31	27	19	77
Vaccinations, exposures, and testing				
Received HBIG within 24 hours of birth	34 (100)	27 (100)	20 (100)	81 (100)
Received 1st dose of Hep B vaccine within 24 hours of birth	34 (100)	27 (100)	20 (100)	81 (100)
Received complete Hep B vaccine series within 12 months	32 (94)	24 (89)	19 (95)	75 (93)
Received post-vaccination serologic testing (PVST) within 24 months	32 (94)	24 (89)	19 (95)	75 (93)
Tested Hep B Surface Antigen Positive	0	0	0	0

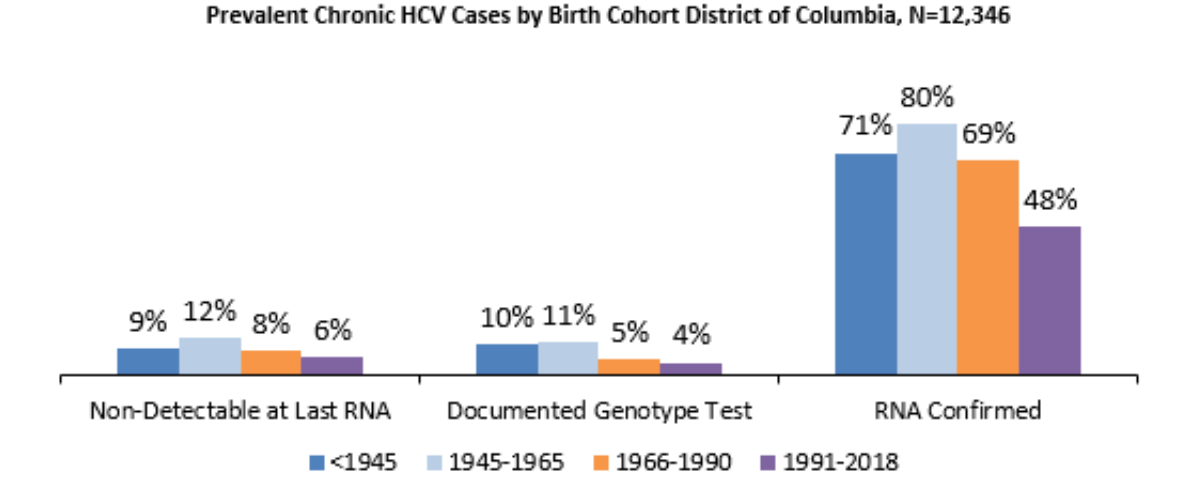
Please refer to appendix table **B18** for additional data regarding reported Hepatitis B cases

Hepatitis C

Hepatitis C is cause by the Hepatitis C virus (HCV). Injection drug users, MSM, hemodialysis patients, and people that are unstably housed or have been incarcerated are at highest risk for HCV. Symptoms may include jaundice, dark colored urine or light-colored stools. Approximately 50% of infected individuals will develop Chronic Hepatitis C, which can lead to cirrhosis (25%) and hepatocellular carcinoma (4%). There are no vaccines for HCV, but effective treatments are available.







Please refer to appendix table **B19-20** for additional data regarding reported Hepatitis C cases.

Tuberculosis

Tuberculosis (TB) is caused by the bacteria *Mycobacterium tuberculosis*. TB is spread from person to person through the air where infection can occur by sharing airspace for an extended period of time in an enclosed setting such as one's home or in a small office. TB usually affects the lungs, and bacteria are put into the air when a person with active TB of the lungs, coughs, sneezes, laughs, or sings. TB can also affect other parts of the body (extrapulmonary TB). TB can be cured if treated properly.

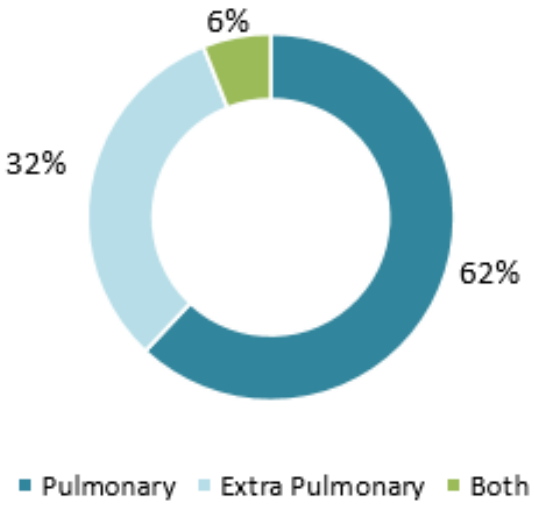
134	Number of TB cases diagnosed between 2017-2021
19	Number of new TB diagnoses in DC in 2021
1	Multidrug-resistant TB cases in 2021
15.8%	Proportion of 2021 diagnoses that co-occurred with HIV

Of those newly diagnosed with Tuberculosis in the District between 2017-2021:

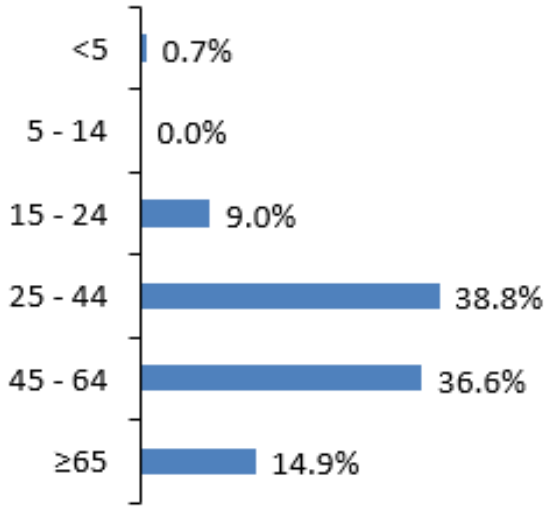
3 in 4 were Foreign-Born

1 in 13 were homeless the past 12 months

Reported Cases of Tuberculosis, by Anatomical Site, District of Columbia, 2017-2021, N=134



Proportion of Newly Diagnosed TB Cases, by Age at Diagnosis, District of Columbia, 2017-2021, N=134



Please refer to appendix table **B17** for additional data regarding reported TB cases.

Focus Populations

Women

3,096 Number of Women in DC known to be living with HIV

52 Number of new HIV diagnoses among Women in DC in 2021

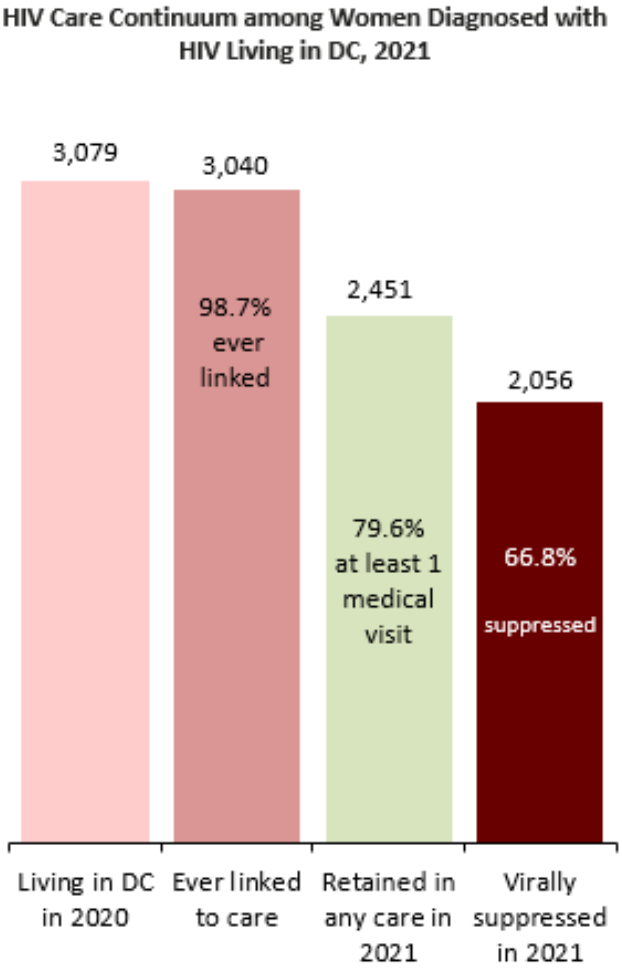
0.9% Percent of Women living in DC known to be living with HIV

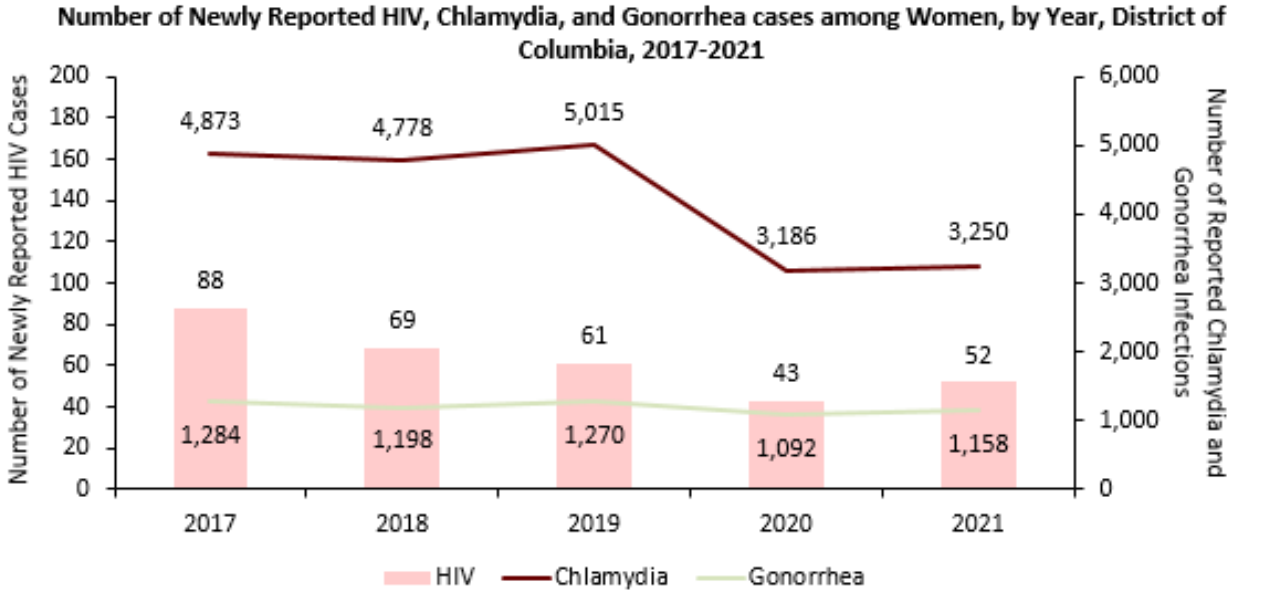
39 Number of Women living with HIV who gave birth in 2021

Of those Women newly diagnosed with HIV in DC in 2021...

8 in 10 were Black

4 in 10 were aged 50+





Men Who Have Sex with Men

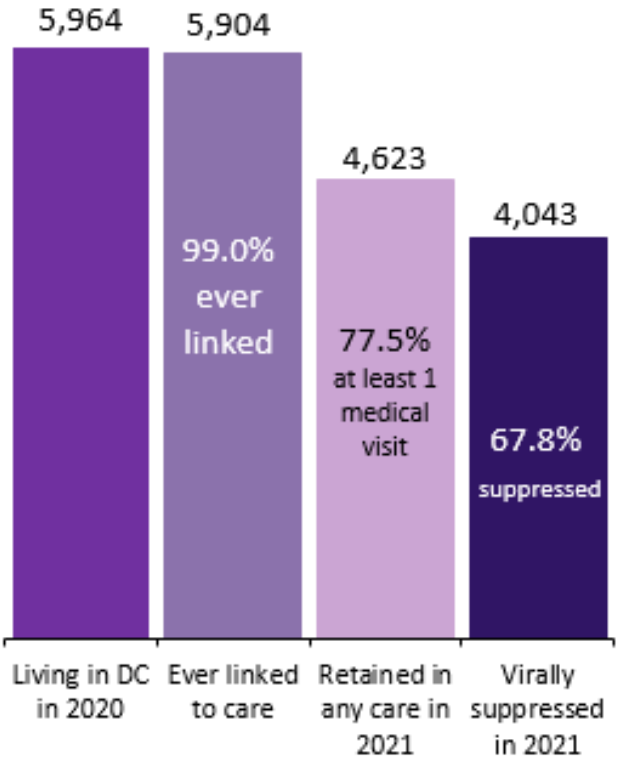
6,036 Number of Men who have sex with men in DC known to be living with HIV

48% Proportion of new HIV diagnoses in 2021 with a mode of transmission of MSM or MSM/IDU

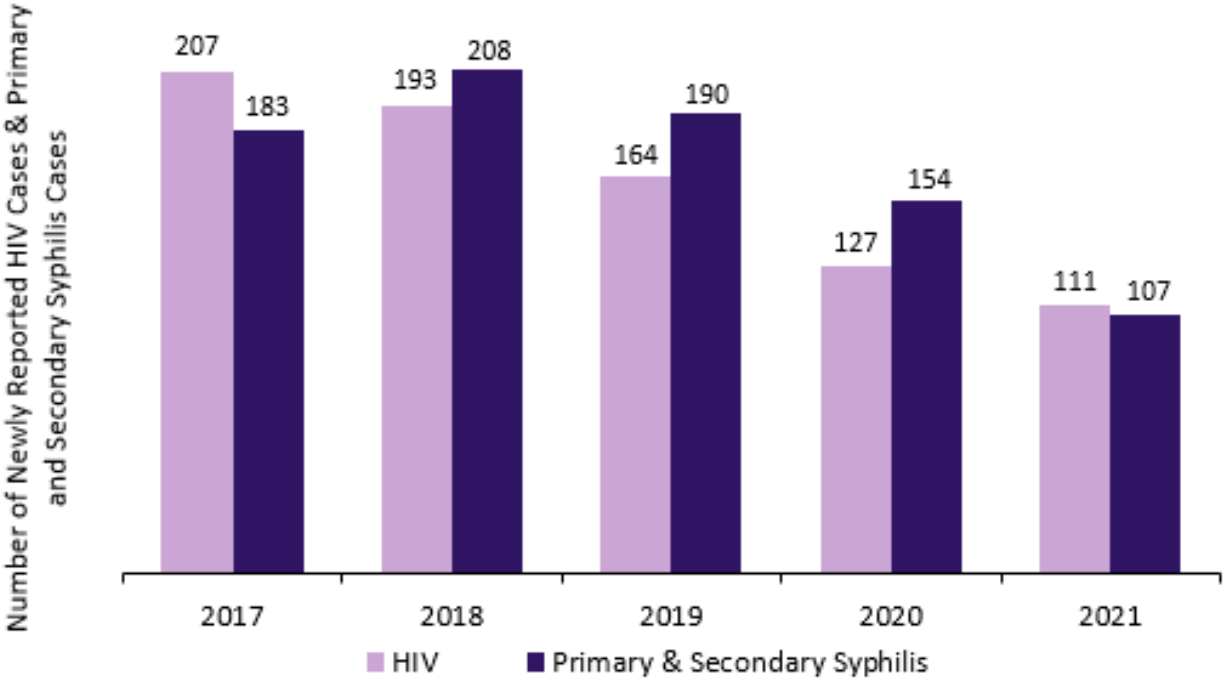
Of MSM newly diagnosed with HIV in DC in 2021...

- **2 in 3** were Black
- **2 in 5** were <29
- **1 in 5** were Latino

HIV Care Continuum among MSM Diagnosed with HIV Living in DC, 2021



Number of Newly Reported HIV and Primary & Secondary Syphilis among Men who have sex with men, by Year, District of Columbia, 2017-2021



People Who Inject Drugs (PWID)

1,043

Number of PWID in DC known to be living with HIV in 2021

51%

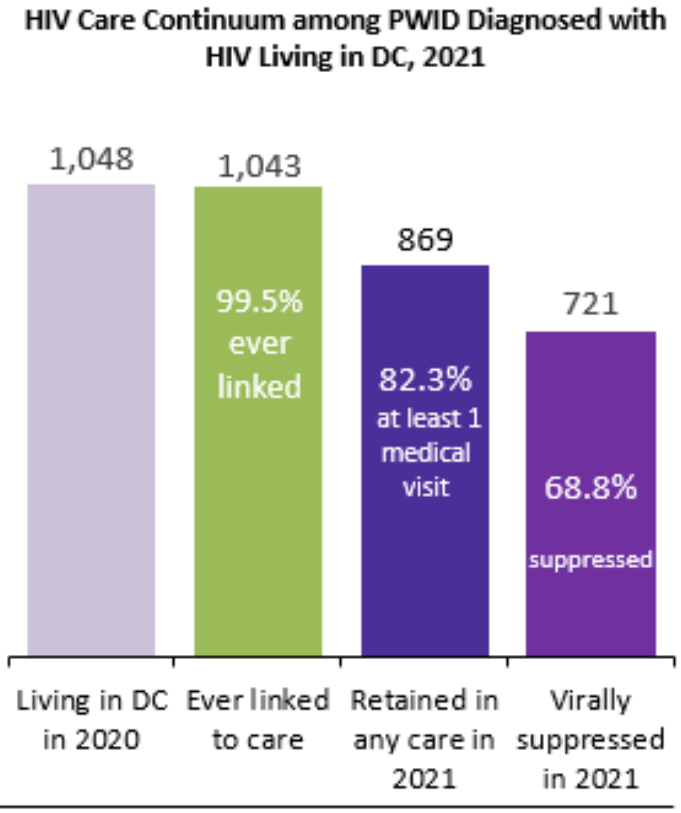
% of PWID living with HIV that were male

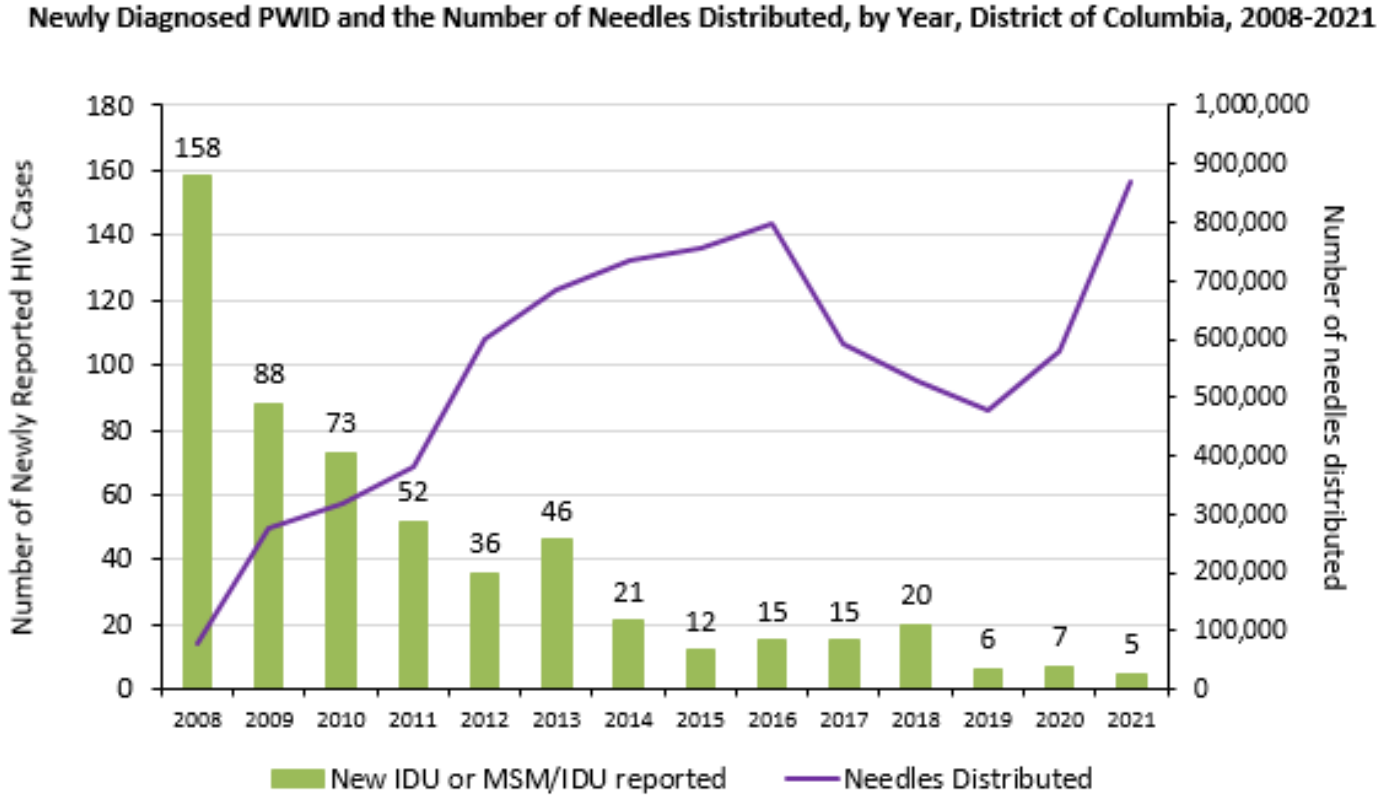
Number of new HIV diagnoses with IDUor MSM/IDU risk in 2008

158

Number of new HIV diagnoses with IDU or MSM/IDU risk in 2021

5





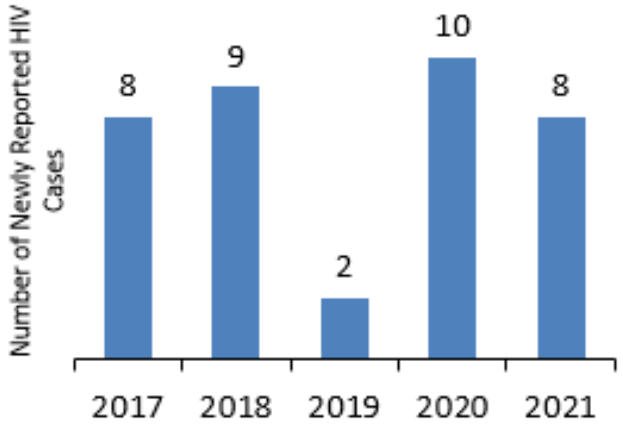
Transgender People

278 — Number of Transgender individuals in DC known to be living with HIV in 2021

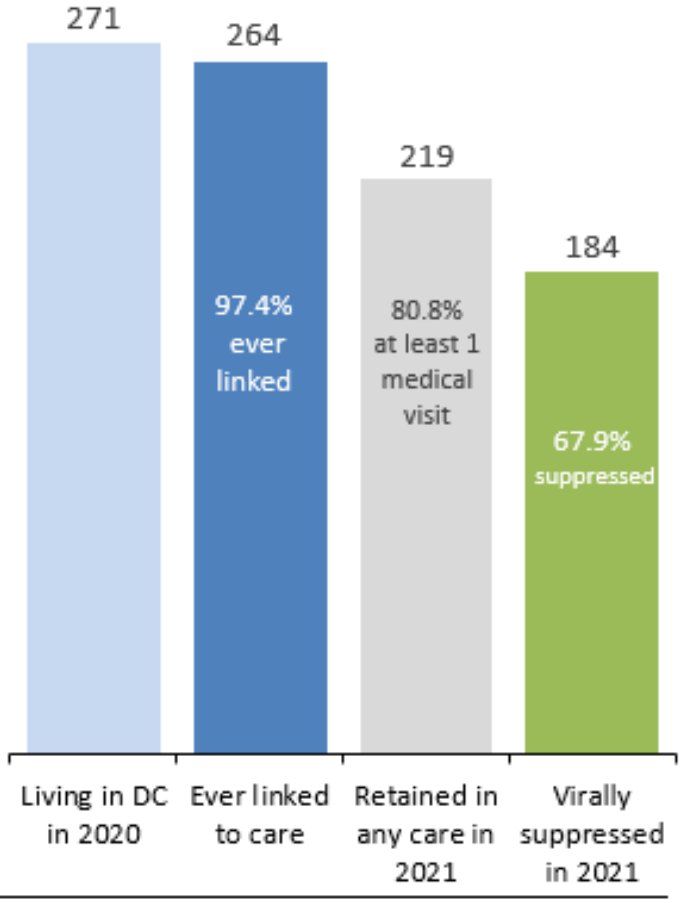
37 — Number of Transgender individuals newly diagnosed with HIV between 2017-2021

32% — Proportion of new diagnoses that were aged 30-39 between 2017-2021

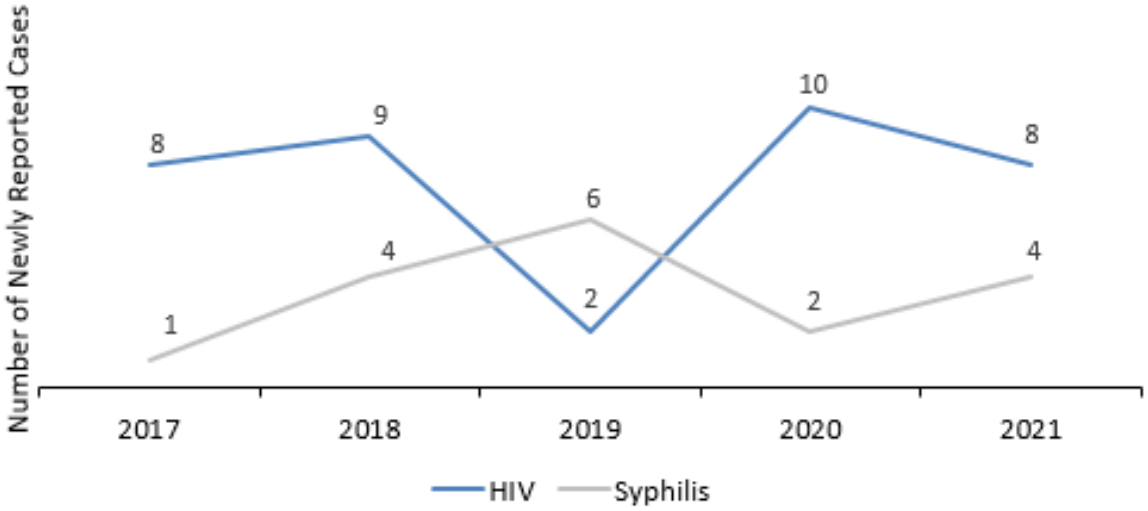
Number of New HIV Diagnoses among Transgender People, by Year, District of Columbia, 2017-2021, N=37



HIV Care Continuum among Transgender People Diagnosed with HIV Living in DC, 2021



Number of Newly Reported HIV and Primary & Secondary Syphilis among Transgender People, by Year, District of Columbia, 2017-2021



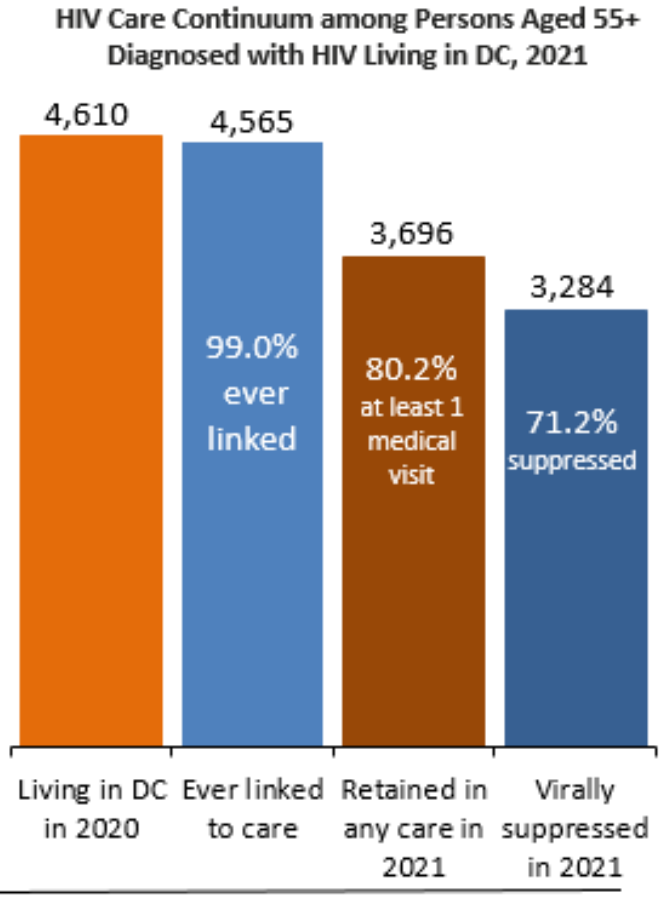
Older Adults (Aged 55 and Older)

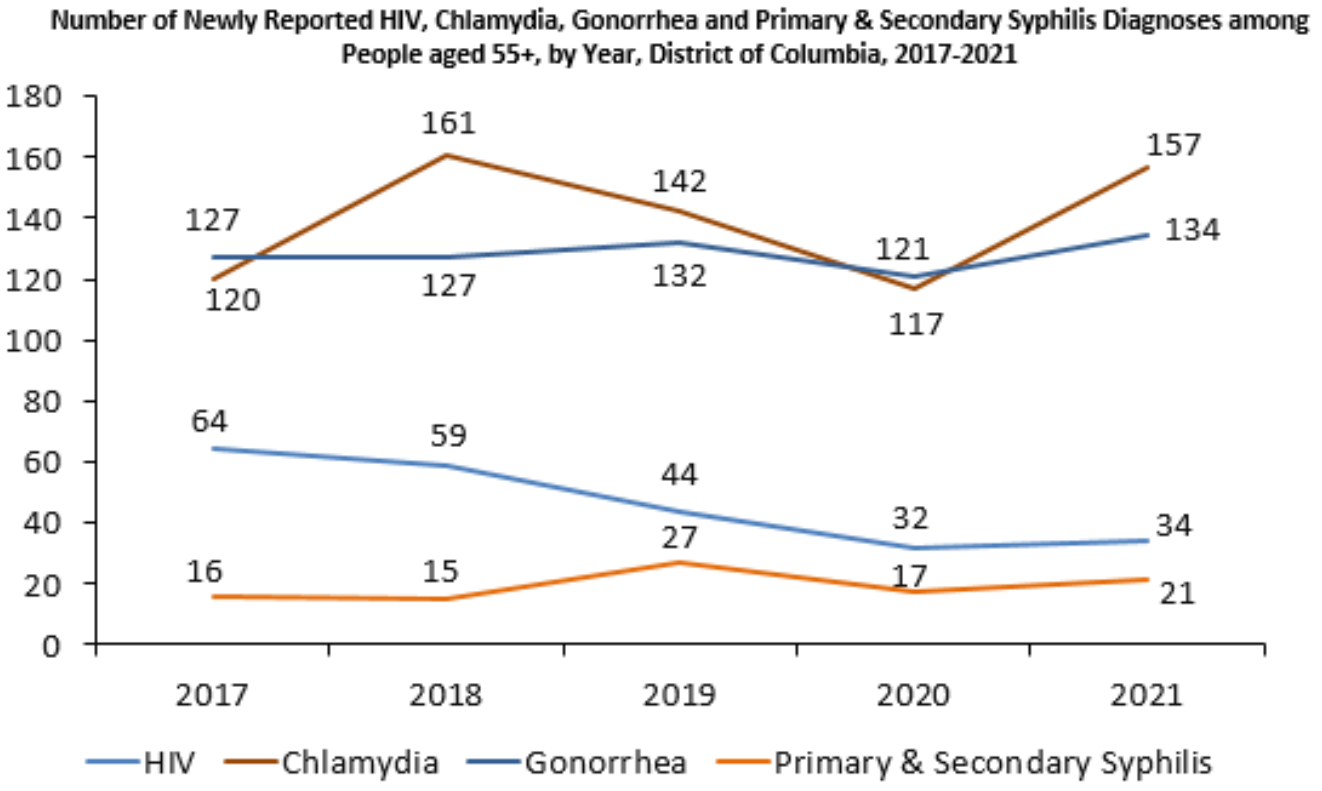
4,610 — Number of individuals aged 55+ known to be living with HIV

34 — Number of new HIV diagnoses in DC in 2021

Of those newly diagnosed with HIV in DC in 2017-2021...

- 3 in 4 were Black
- 1 in 4 were Men who have sex with men
- 2 in 5 were Women





Latinos

978 — Number of Latinos in DC known to be living with HIV

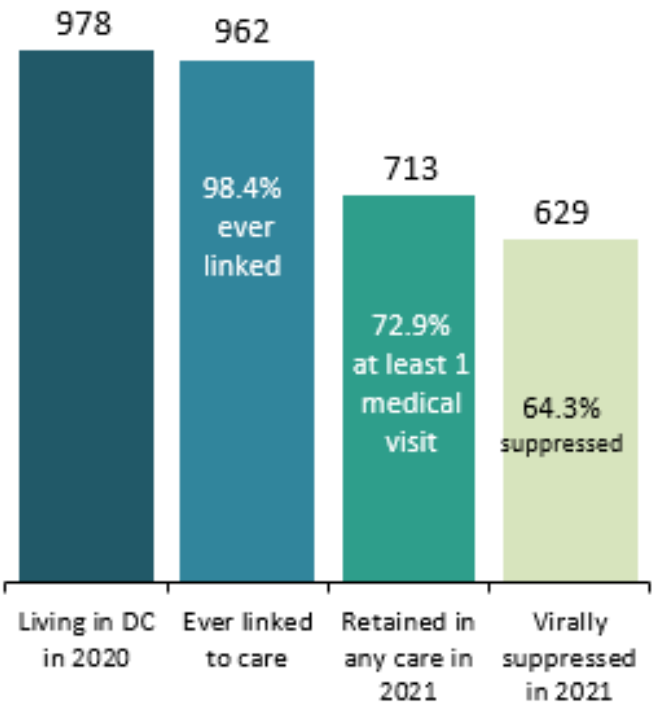
1.3% — Percent of Latinos living in DC known to be living with HIV

Of those newly diagnosed with HIV in DC in 2017-2021…

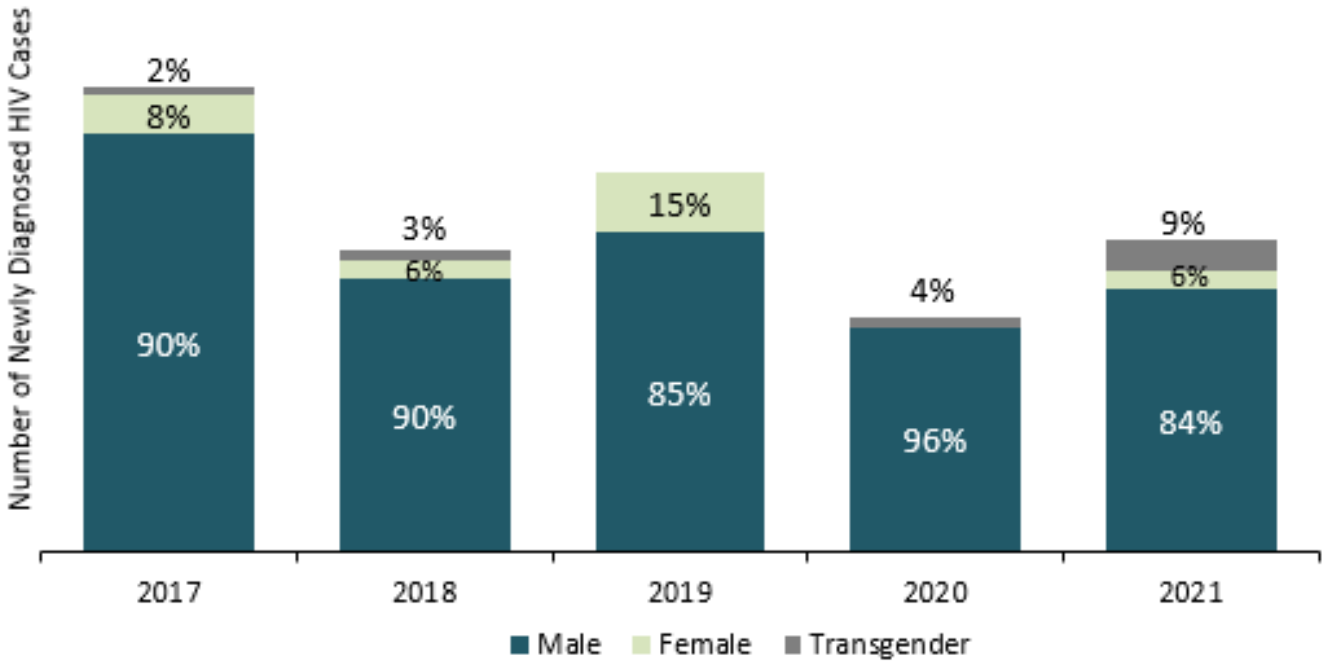
7 in 10 were Men who have sex with men

1 in 2 were aged 30-39

HIV Care Continuum among Latinos Diagnosed with HIV and Living in DC, 2021



Number of Newly Diagnosed Cases among Latinos, by Year and Gender Identity, District of Columbia, 2017-2021



Youth (Ages 13-24)

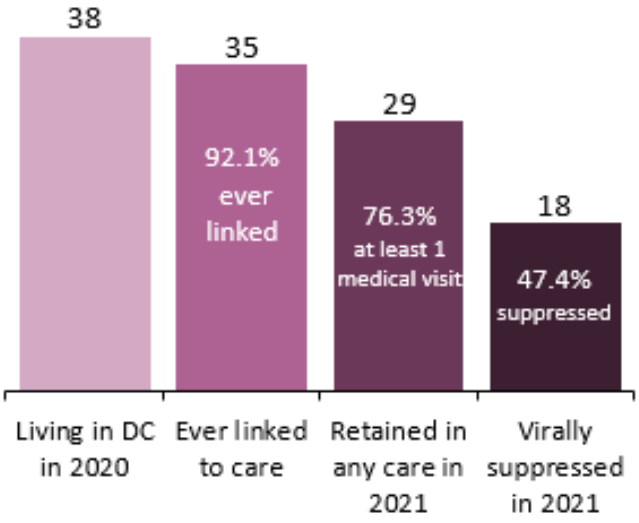
218 Number of youth in DC known to be living with HIV in 2021

0.2% HIV prevalence of youth living in DC in 2021

3.1% Incidence of Chlamydia among youth in 2021

1.2% Incidence of Gonorrhea among youth in 2021

HIV Care Continuum among Youth Aged 13-19 Diagnosed with HIV Living in DC, 2021



Of those newly diagnosed with HIV in DC in 2021...

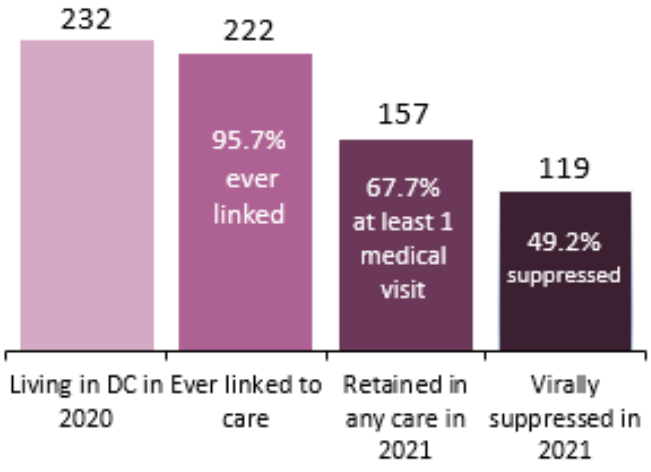
3 in 4 were Black

2 in 3 were among Men who have sex with men

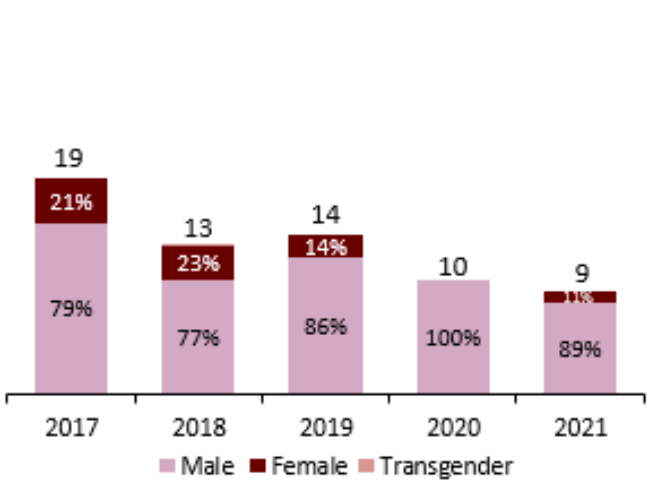
1 in 5 were aged 17-19

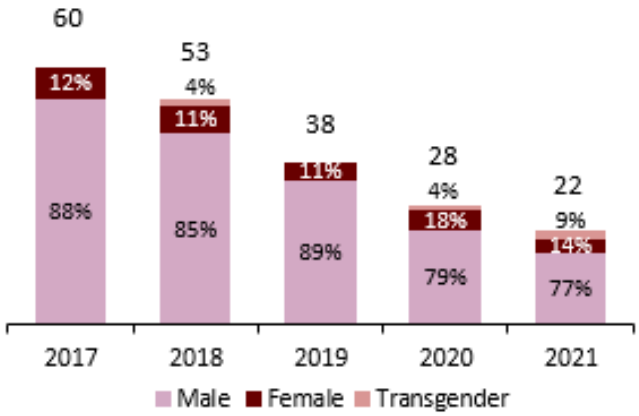
9 in 10 were Male

HIV Care Continuum among Youth Aged 20-24 Diagnosed with HIV Living in DC, 2021

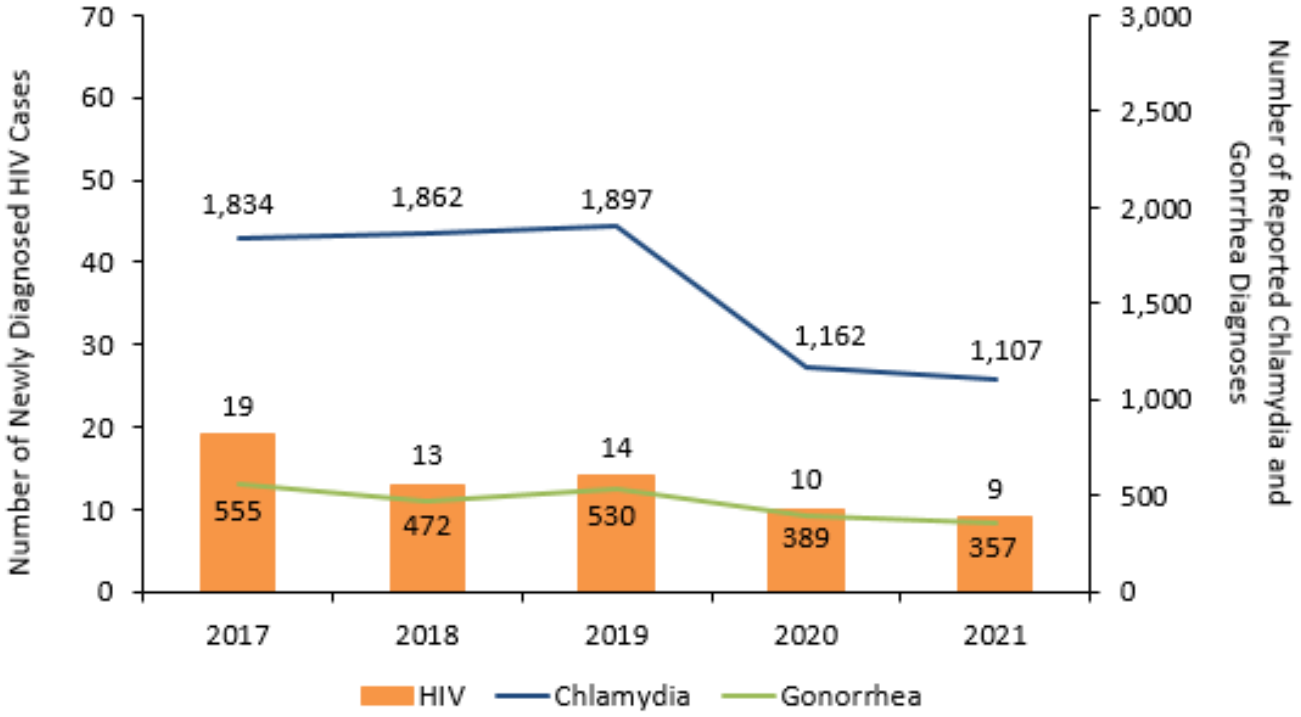


Number of Newly Diagnosed HIV Cases among Youth 13-19 and 20-24, by Year and Gender Identity, DC, 2017-2021

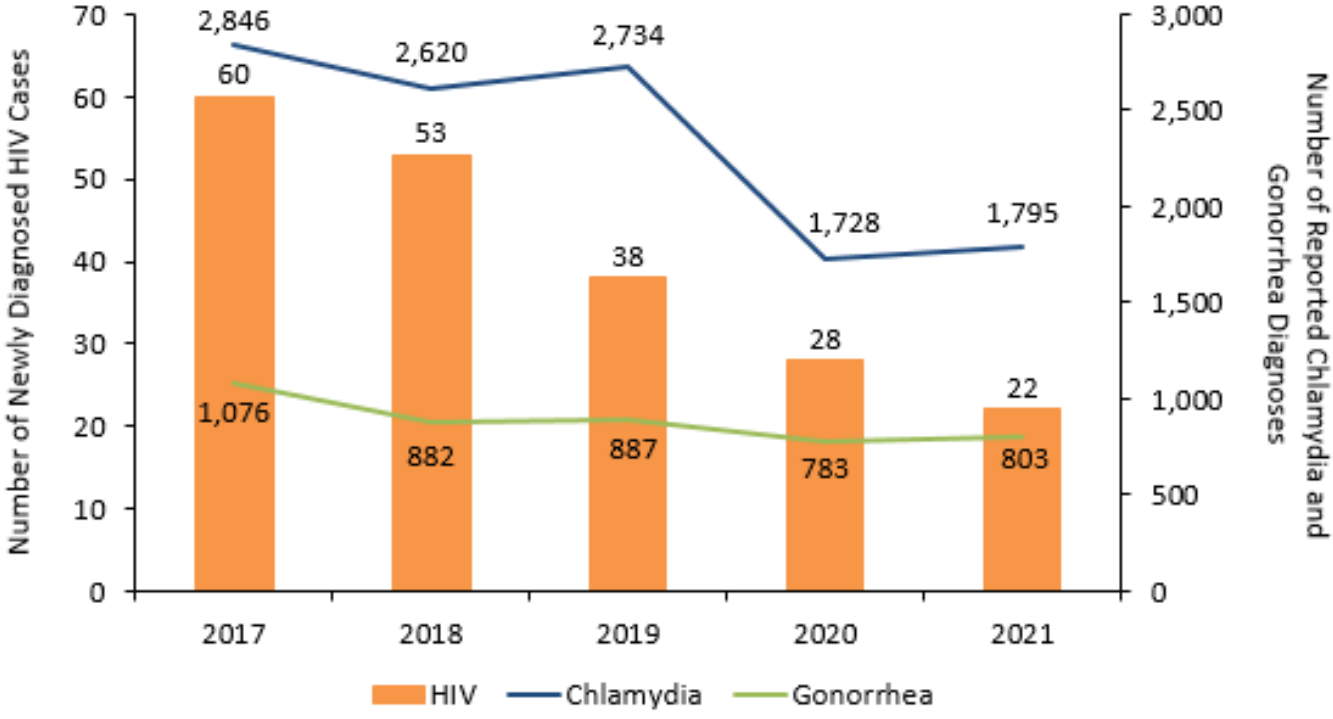




New Diagnoses of HIV, Chlamydia, and Gonorrhea among Youth Aged 13-19, District of Columbia, 2017-2021



New Diagnoses of HIV, Chlamydia, and Gonorrhea among Youth Aged 20-24, District of Columbia, 2017-2021



Foreign-Born

971

Number of Foreign-Born people living with HIV in DC at the end of 2021

153

Number of Foreign-Born people newly diagnosed with HIV between 2017-2021

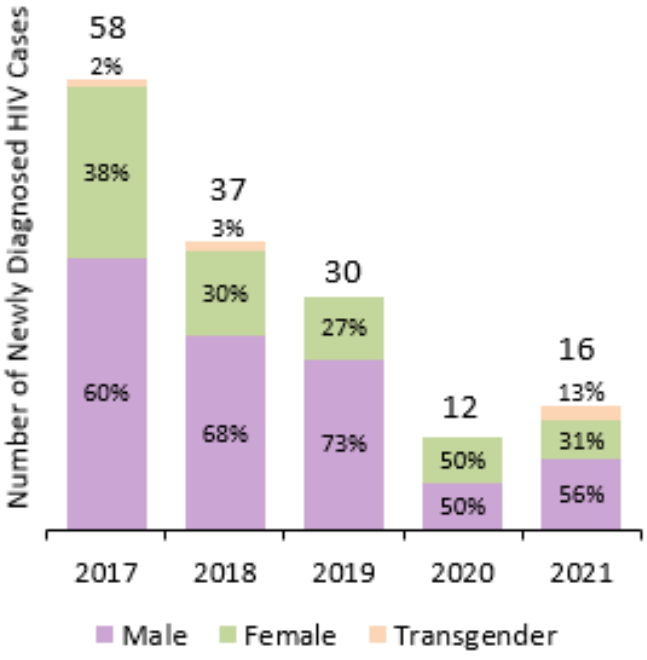
Of all Foreign-Born persons diagnosed in DC in 2021...

1 in 2 were Latino

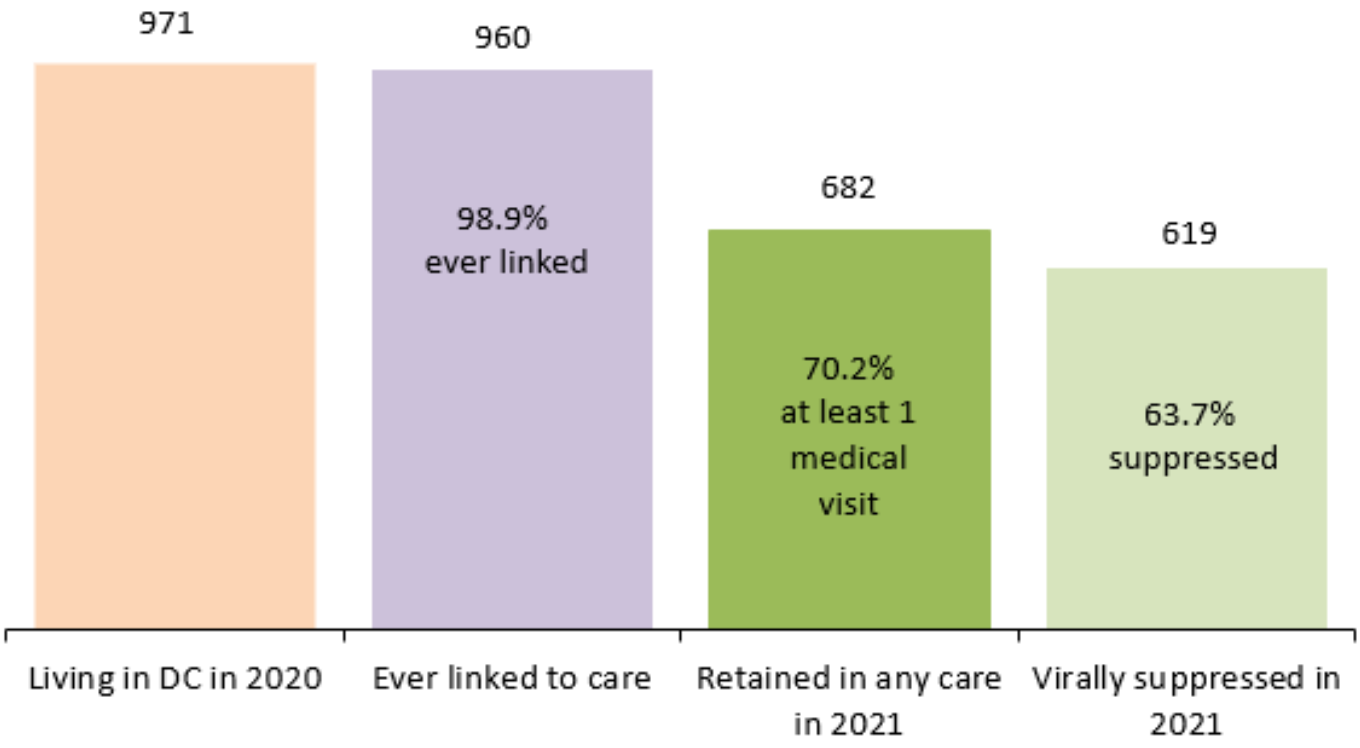
1 in 2 were <40

1 in 3 were Women

Number of New HIV Diagnoses among Foreign-Born People, by Year, District of Columbia, 2017-2021



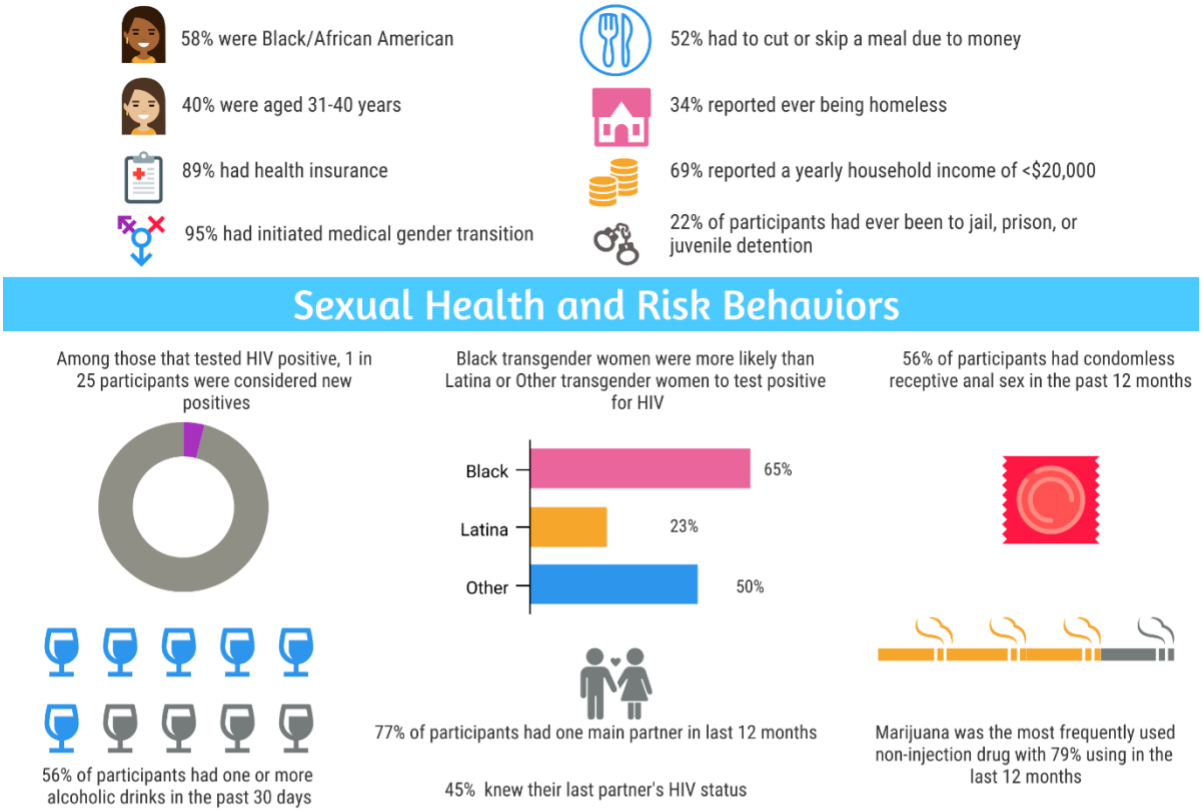
HIV Care Continuum among Foreign-Born People Diagnosed with HIV Living in DC, 2021



National HIV Behavioral Surveillance Study (NHBS)

Transgender Women

The National HIV Behavioral Surveillance (NHBS) is a CDC-funded initiative to learn more about what puts people at risk for HIV. The purpose of NHBS is to assess prevalence of HIV and trends in sexual and drug-use behaviors among populations most at risk for HIV. In 2020, Transgender women were recruited throughout the DC Metropolitan Statistical Area (MSA) and were surveyed.



Government of the District of Columbia

HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)
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(202) 671-4900

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

WE ARE WASHINGTON DC GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

02/09/2023